

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Frederick J. Adams		County Alley		MARYLAND	
Died at Frostburg		Tow Alley		Month Mar	
Date of death 1940 Mar 22		Day 22		Age 28	
Sex M		Color or Race W-		Months 2	
Occupation Miner		Birth-place Ind		Days 10	
Where Residing if not at place of death _____					
Married, Single or Widowed X		Name of Wife or Husband _____			
Father's Name Jas Frederick Adams		Father's Birthplace Pa			
Mother's Maiden Name Mary E Brode		Mother's Birthplace Ind			
Name of person giving information George R Brode		How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever	How long 3 1/2 weeks
Immediate Intestinal Hemorrhage - Perforation	How long 6 years
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. Griffith
	Address Frostburg Ind
Accident or Suicide? _____	

J. Hahn
Catholic Co

Name
in
Full

David Rhine Arnold.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eckhart Mines</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u> <small>Year</small>	<u>19</u> <small>Month</small>	<u>19</u> <small>Day</small>	<u>4</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Williamsport W. Va</u>
Occupation	Where Residing if not at place of death <u>Eckhart Mines Md</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Sarah Jennie Arnold</u>				
Father's Name	<u>Benjamin Arnold</u>		Father's Birthplace	<u>Chillicothe Ohio</u>	
Mother's Maiden Name	<u>Rebecca Molden</u>		Mother's Birthplace	<u>W. Va</u>	
Name of person giving Information	<u>Harriet Elizabeth Lile</u>		How related to deceased	<u>Sister</u>	

CAUSES OF DEATH

45 ^V

PHYSICIAN
OR CORONER

Primary	<u>Carcinoma (cervical glands)</u>	How long	<u>Three years</u>
Immediate	<u>Exhaustion</u>	How long	<u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J C Hedderwick</u>
		Address	<u>Eckhart Mines Md</u>
Accident or Suicide			

boonwonder was
located in several
places. mostly in
region of triangles
on right side.

8/10/74

Garret Cooper
Alleghany Co.

Name
in
Full

Maryland Athey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

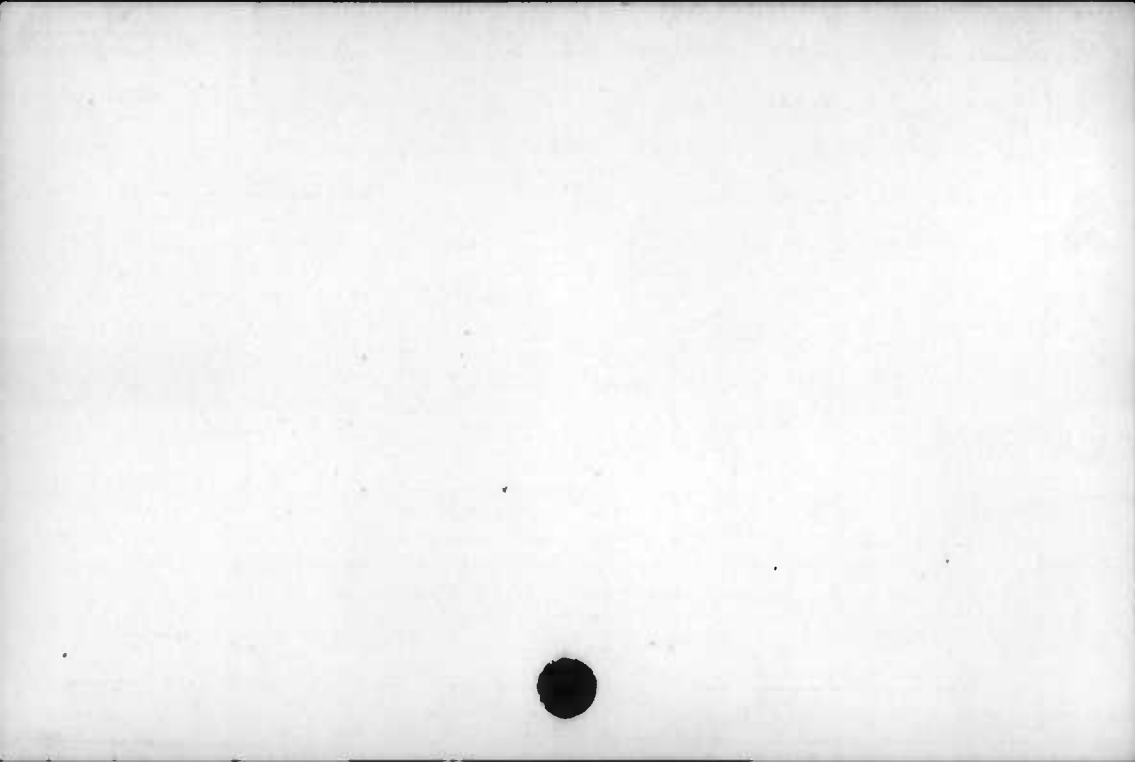
Died at <i>Barth</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	19 <i>40</i> ^{Month} <i>Mar</i>	Day <i>26</i>	Age <i>71</i> ^{Years}	Months	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Allegheny Co</i>		
Occupation <i>L</i>	Where Residing if not at place of death <i>L</i>				
Married, Single or Widowed <i>L</i>	Name of Wife or Husband <i>L</i>				
Father's Name <i>Nathaniel Athey</i>	Father's Birthplace <i>Allegheny Co</i>				
Mother's Maiden Name <i>Mildred Sanders</i>	Mother's Birthplace <i>Bedford Co Pa</i>				
Name of person giving information <i>Nat. Athey</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>One day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Brucher</i>
	Address <i>Barth, Md</i>
Accident or Suicide? <i>L</i>	



Name
in
Full

Flora Ford Biederman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Amberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 19 <u>90</u> ^{Month} <u>3</u> ^{Day} <u>11</u> ^{Years}		Age <u>11</u> ^{Months}		<u>11</u> ^{Days}	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Amberland</u>			
Occupation _____		Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>D. F. Biederman</u>		Father's Birthplace <u>Tyrole Pa</u>			
Mother's Name <u>Nora E. Kerns</u>		Mother's Birthplace <u>Okawto W Va</u>			
Name of person giving Information <u>D. F. Biederman</u>		How related to deceased <u>Father</u>			

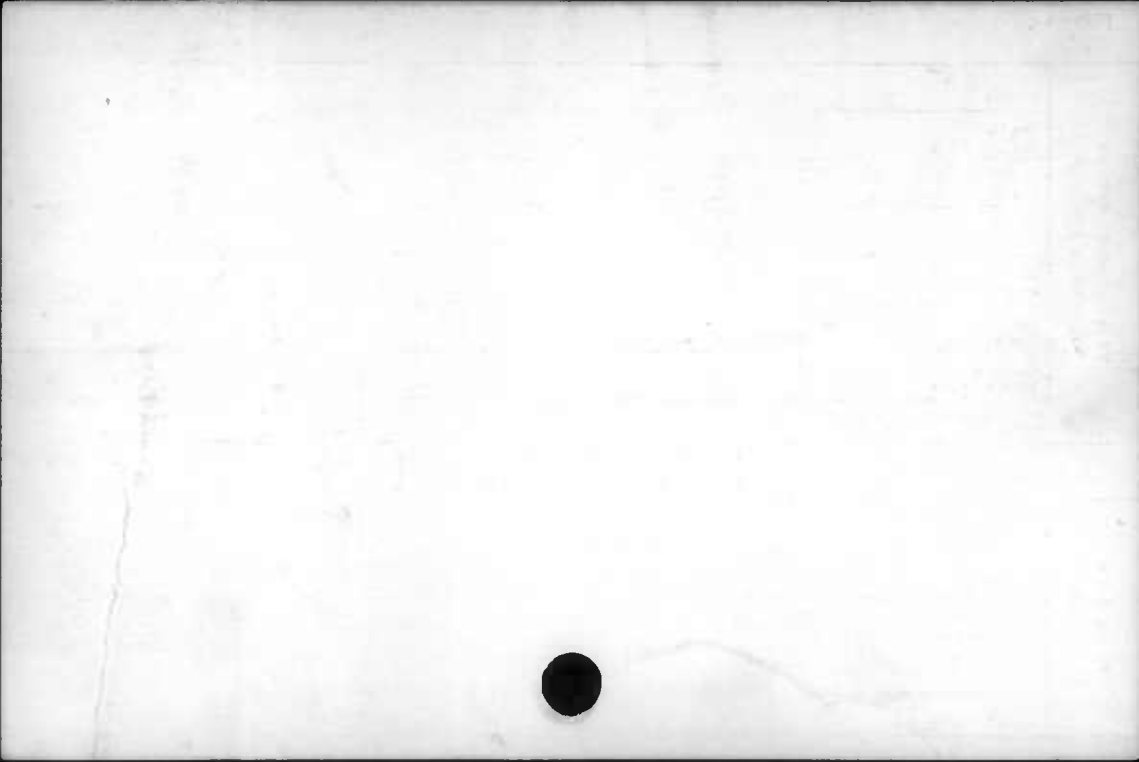
CAUSES OF DEATH

29

31

PHYSICIAN
OR CORONER

Primary <u>Interstitial Tuberculosis</u>	How long <u>8 months</u>
Immediate <u>Transitional</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>William R. Fozard M.D.</u>
Address <u>109 Virginia Ave</u>	<u>Amberland, Md.</u>
Accident or Suicida _____	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Antonis Bricatto Town **Cumberland** County **Accy.**

Died at **Cumberland** **Accy.** **MARYLAND**

Date of death **1910** Month **3** Day **24** Age **55** Years Months Days

Sex **Male** Color or Race **White** Birth-place **Italy**

Occupation **Blacker** Where Residing if not at place of death **Cumberland**

Married, Single or Widowed **Don't know** Name of Wife or Husband **Don't know**

Father's Name **Don't know** Father's Birthplace **Don't know**

Mother's Maiden Name **Don't know** Mother's Birthplace **" "**

Name of person giving Information **Francis Malinari** How related to deceased **none**

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary **Bright's Disease** How long **6 mos**

Immediate **Exhaustion** How long

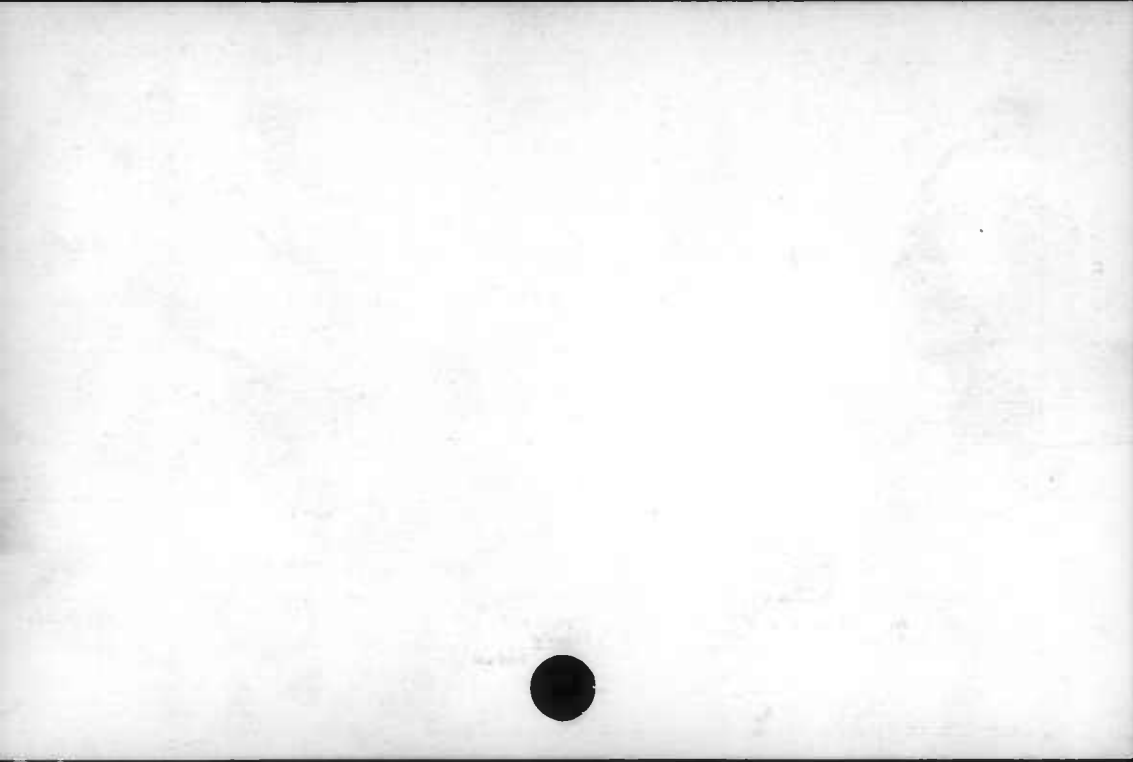
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thos. M. Jones
Cumberland
md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John A. Bone*
 Died at *Carroll* ^{town}
 County *Alleghany* ^{County} MARYLAND
 Date *1910* Month *3* Day *20* Age *56 yrs* Years *10* Months *17*
 of death *190*
 Sex *M.* Color or Race *M.* Birth-place *Michigan*
 Occupation *Miner* Where Residing if not at place of death *—*
 Married, Single or Widowed *—* Name of Wife or Husband *Mary Bone*
 Father's Name *John Bone* Father's Birthplace *England*
 Mother's Maiden Name *Julia Muller* Mother's Birthplace *Va*
 Name of person giving Information *William Bone* How related to deceased *Brother*

CAUSES OF DEATH

120 ✓

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

I hope
all your

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Cumberland

Town

County

Alleg

Date

of death

1900 Mar

Month

Day

19

Age

72

Years

Months

3

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Farmer Retired

Where Residing if not
at place of death

Allegheny Hospital

Married, Single
or Widowed

Married

Name of Wife or
Husband

Delilah Baker

Father's
Name

Dont know

Father's
Birthplace

D. K.

Mother's
Maiden Name

"C. G. Boor"

Mother's
Birthplace

D. K.

Name of person giving
information

C. G. Boor

How related
to deceased

Son

CAUSES OF DEATH

Primary

Prostatic hypertrophy

How long

Three years

Immediate

Exhaustion following prostatic surgery

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Stein.

Signature of
Physician

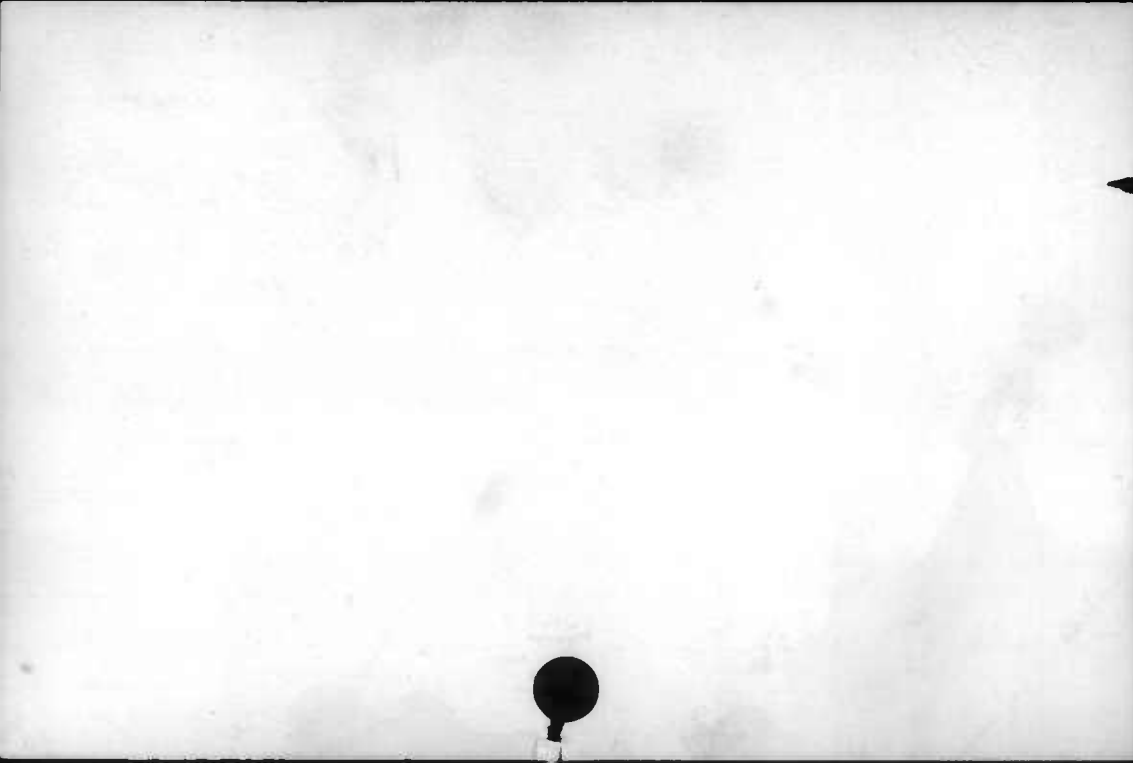
James J. Johnson, M.D.

Address

Cumberland Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Charlotte Boyd

Town

County

MARYLAND

Died at Cumberland

Alligany

Date

of death 1900

Month

March

Day

6

Age

Years

72

Months

9

Days

3

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

retired Housekeeper

Where Residing if not
at place of death

Oliver Pyle.

Married, Single
or Widowed

Widow

Name of Wife or
Husband

archibald

Father's
Name

Henry S Show

Father's
Birthplace

Pa

Mother's
Maiden Name

Marie Glover

Mother's
Birthplace

Pa

Name of person giving
Information

Mary Lenard

How related
to deceased

daughter

CAUSES OF DEATH

Primary

Strangulated Lumbar Hernia

How long

5 days

Immediate

Auto Intoxication

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E B Leary, M.D.

Address

Cumberland, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Thos Pyle
Pa

Name
in
Full

Mary Swartz Brinker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

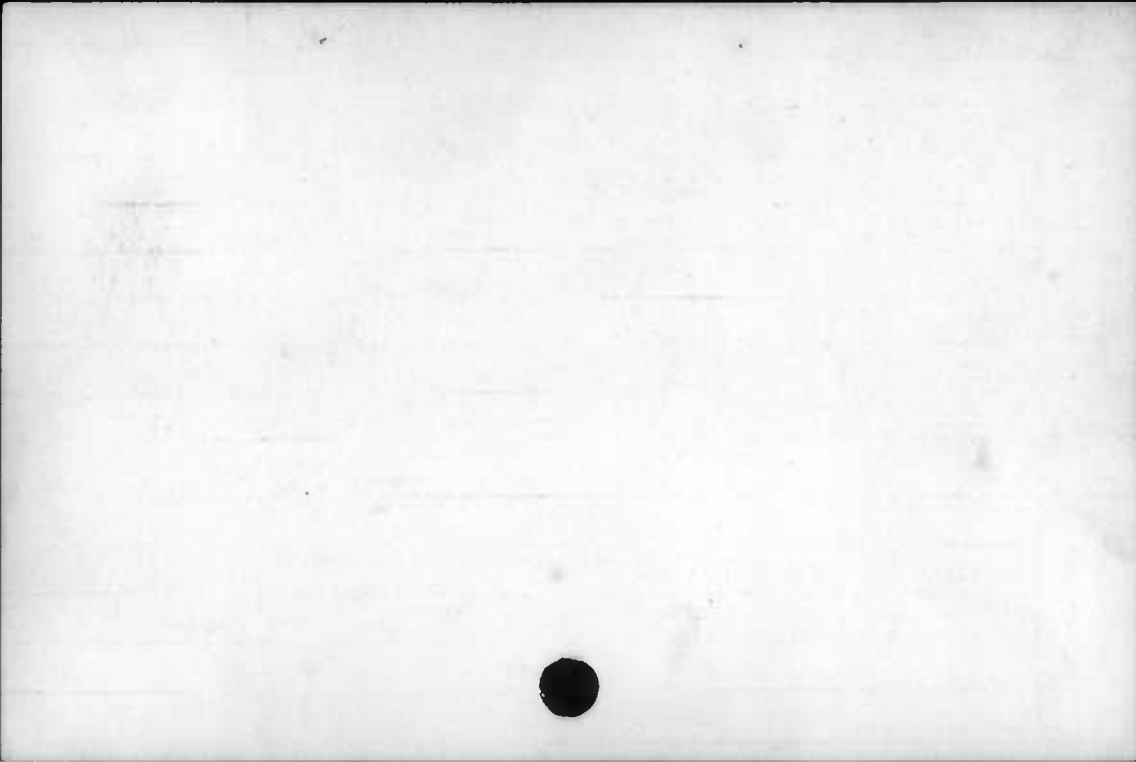
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1940		March	6	82	6	9	
Sex		Color or Race		Birth-place			
Female		White		Germany			
Occupation		Where Residing if not at place of death					
Retired							
Married, Single or Widowed		Name of Wife or Husband					
Widow		Casper Brinker (deceased)					
Father's Name		Father's Birthplace					
Swartz		Germany					
Mother's Maiden Name		Mother's Birthplace					
Swartz		Germany					
Name of person giving information		How related to deceased					
John Brinker		Son					

CAUSES OF DEATH

99 ✓

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	1 mo
Immediate	Exhaustion from acute Pneumonia	How long	1 da
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. H. Brackley	
		Address	
		Gumbertland	
Accident or Suicide?		No	



Name
In
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Date

of death

1905

Month

Mar

Day

17

Age

79

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Magistrate

Where Residing if not
at place of death

Asylum

Married, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Wade

Father's
Name

David Britt

Father's
Birthplace

D K

Mother's
Maiden Name

dont know

Mother's
Birthplace

D K

Name of person giving
Information

Anna Dietrich

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Old age & General Debility

How long

2 or 3 mo

Immediate

Exhaustion

How long

wk

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. F. Farris

Address

Cumtoband
Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Home* Town *Brown* County *Alle* MARYLANDDate of death 19*80* Month *Mar* Day *10* Age *21* Years Months DaysSex *Female* Color or Race *Colored* Birth-place *Ind*
Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Albert Brown*Father's Birthplace *Ind*Mother's Maiden Name *Agnes Coke*Mother's Birthplace *Ind*Name of person giving information *Albert Brown*How related to deceased *Father*

CAUSES OF DEATH

Primary *pneumonia*How long *1 wk.*Immediate *Exhaustion*How long *six hours.*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Surgeon Charles W. Sparks
*104 N. Mechanic St.*PHYSICIAN
OR CORNER

Accident or Suicide

#8 May 10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rebecca Brown</i>		Town <i>Frostburg</i>		County <i>Alley</i>		MARYLAND	
Died at <i>Frostburg</i>		Date of death <i>9th Mar</i>		Age <i>70</i>		Months <i>4</i>	
Sex <i>Female</i>		Color or Race <i>Col.</i>		Birthplace <i>Frostburg Md</i>		Days	
Occupation <i>None</i>		Where Residing if not at place of death <i>John Brown</i> ✓					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Brown</i>					
Father's Name <i>Carter</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace ✓					
Name of person giving information <i>Chas Smith</i>		How related to deceased <i>Adopted Son</i>					

CAUSES OF DEATH

10 ✓

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>Several years</i>
Immediate <i>Grippe and Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Conway</i>
	Address <i>Frostburg Md.</i>
Accident or Suicide?	

Frostburg Hardware Co
Allegany Cemetery

Name
in
Full

Denton Summers Buzzard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumt. Town Allegh County

Date of death 1900 Mar. 24 Age 47 Months — Days —

Sex Male Color or Race White Birth-place Berkeley Sprs.

Occupation R. R. Conductor Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Buzzard

Father's Name George D Buzzard Father's Birthplace W. Va.

Mother's Maiden Name Mary E. Tritapoe Mother's Birthplace W. Va.

Name of person giving Information Charles Buzzard How related to deceased Brother

CAUSES OF DEATH

Primary Cirrhosis of Liver How long 2 years

Immediate Exhaustion How long —

Are the name, age, sex, color, date and place correctly given above?

True

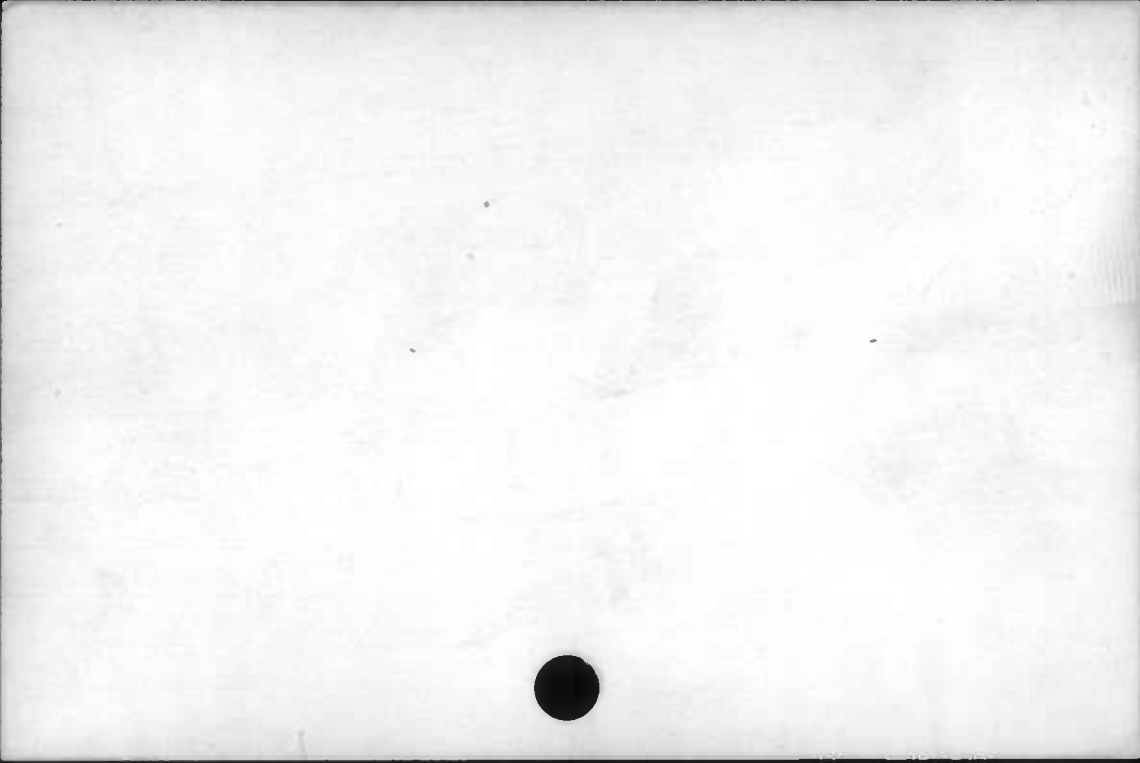
Signature of Physician

Thos. H. Jones

Address

Cumt. W. Va.
ms

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

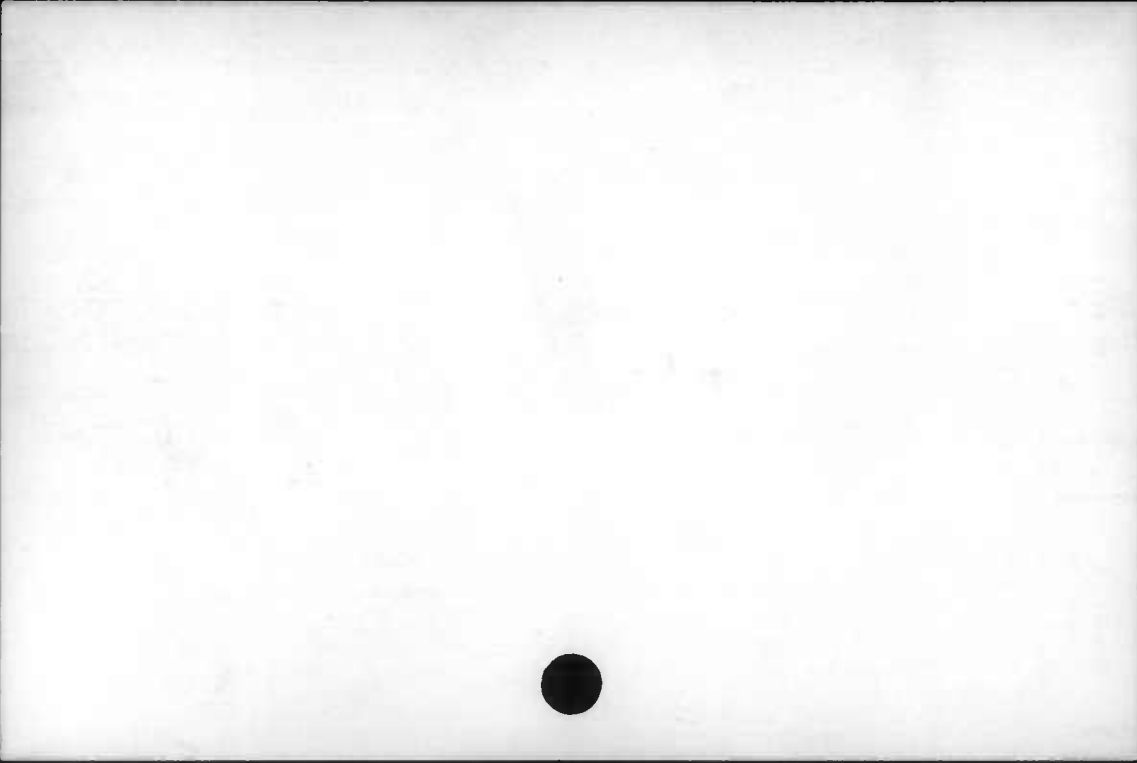
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Michael Franklin Cline</i>		Town <i>Linnacoring</i>		County <i>Alligany</i>		State MARYLAND	
Died at <i>Linnacoring</i>		Month <i>March</i>		Day <i>16</i>		Year <i>1900</i>	
Date of death <i>1900</i>		Month <i>March</i>		Day <i>16</i>		Age <i>62</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Edom Va</i>			
Occupation <i>Stable Manager</i>				Where Reaiding if not at place of death <i>—</i>			
Merried, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Elizabeth Grace</i>					
Father's Name <i>Michael Franklin Cline</i>		Father's Birthplace <i>Ohio</i>					
Mother's Maiden Name <i>Catherine Bury</i>		Mother's Birthplace <i>Edom Va</i>					
Name of person giving Information <i>Daisy Cline</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>Over two years</i>
Immediate <i>Uremic Coma</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. D. Skilling M.D.</i>
Address <i>Linnacoring</i>	
Accident or Suicide <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

Agnes Allen Cochran

Town

County

MARYLAND

Died at *Seneca**Allegheny*

Date

of death 1900

Month

March

Day

22

Age

Years

58

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Scottsburg*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Hector Cochran (deceased)*Father's
Name*Samuel Allen*Father's
Birthplace*Scottsburg*Mother's
Maiden Name*Samuel - Park*Mother's
Birthplace*Scottsburg*Name of person giving
Information*Thomas Allen*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Bright's disease

How long

8 mos.

Immediate

Heart-failure

How long

*Sudden*Are the name, age, sex, color, data
and place correctly given above?*yes*Signature of
Physician*James A. Bullock*

Address

Seneca Md

Accident or Suicide

*no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

120



Name
in
Full

Joseph M Crable

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Somerset* County *Allegheny* **MARYLAND**

Died at *Somerset*

Date of death 1900 Month *March* Day *6* Age *1* Years Months *9* Days *—*

Sex *Male* Color or Race *White* Birth-place *Somerset*

Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Sherman Crable* Father's Birthplace *Bedford Co. Pa.*

Mother's Maiden Name *Jessie Shonkay* Mother's Birthplace *Berlin Germany*

Name of person giving Information *Sherman Crable* How related to deceased *Father*

CAUSES OF DEATH

Primary *Injury - Run into by Street Car* How long *166*

Immediate *Shock* *right arm was severed between highway* *between elbow & shoulder extensive lacerations* *178* ✓

Are the name, age, sex, color, date and place correctly given above? *yes* *probably internal injuries in lower abdominal region*

Signature of Physician *James C. Bullock M.D.*

Address *Somerset Md.*

Accident or Suicide *Accident*

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Crawford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Int Savage* ^{County} *Allegheny* **MARYLAND**

Date of death *1990* ^{Month} *March* ^{Day} *31* ^{Years} *45* ^{Months} *1* ^{Days} *7*

Sex *Female* Color or Race *White* Birth-place *Exford Ind*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *John C Crawford*

Father's Name *James Weinberger* Father's Birthplace *Ind.*

Mother's Maiden Name *Susan Logsdon* Mother's Birthplace *Ind*

Name of person giving Information *Nathan Crawford* How related to deceased *Brother in Law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer Intestines* 42 *✓*

How long *14 mos*

Immediata *Exhaustion*

How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *✓*

Signature of Physician *F. Alan E. Murray MD*

Address *Int Savage Ind*

Accident or Suicide *Accident*



Name
in
Full

CERTIFICATE OF DEATH

George H. Crommell
Town *Cumberland* County *Alleg*

MARYLAND

Died at *Cumberland* *Alleg*
Date of death 19*00* Month *Mar* Day *19* Age *65* Years Months *6* Days *—*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Boiler Maker* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Crommell*

Father's Name *Oliver Crommell* Father's Birthplace *Balta, C. Md.*

Mother's Maiden Name *Don't Know* Mother's Birthplace *Idaho*

Name of person giving Information *Margaret Crommell* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Paralysis* How long *1 hour*

Immediate *Exhaustion* How long *1*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Thos. W. Snow

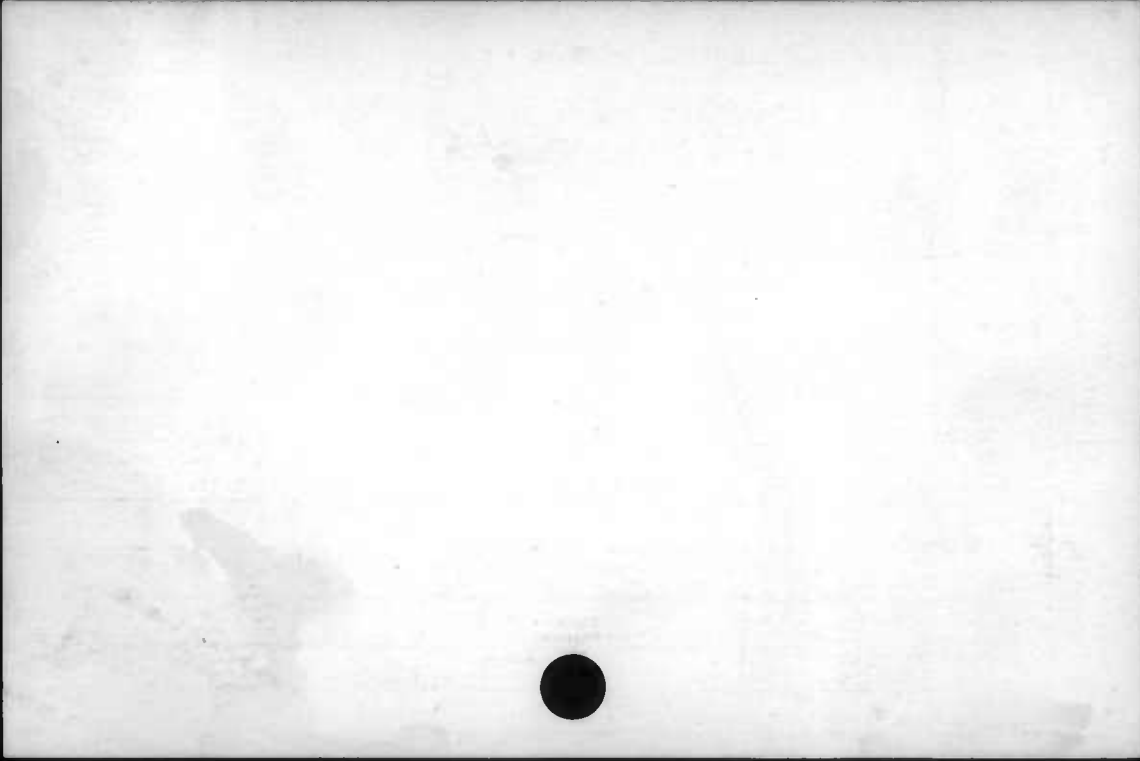
Address

Cumtoburn

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

John T. Daulbaugh
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Barnes Alleg.
Date of death 1960 Month Mar. Day 19 Age 50 Years Months 4 Days 0

Sex Male Color or Race White Birth-place Ind
Occupation Millworker Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Francis E. Barry

Father's Name John Daulbaugh Father's Birthplace D.K.

Mother's Maiden Name Margaret Mother's Birthplace D.K.

Name of person giving Information William M Daulbaugh How related to deceased Son

CAUSES OF DEATH

Primary Organic disease of Liver How long 11 1/2 about two years

Immediate Dropsey - Exhaustion How long Several months

Are the name, age, sex, color, date and place correctly given above? yes

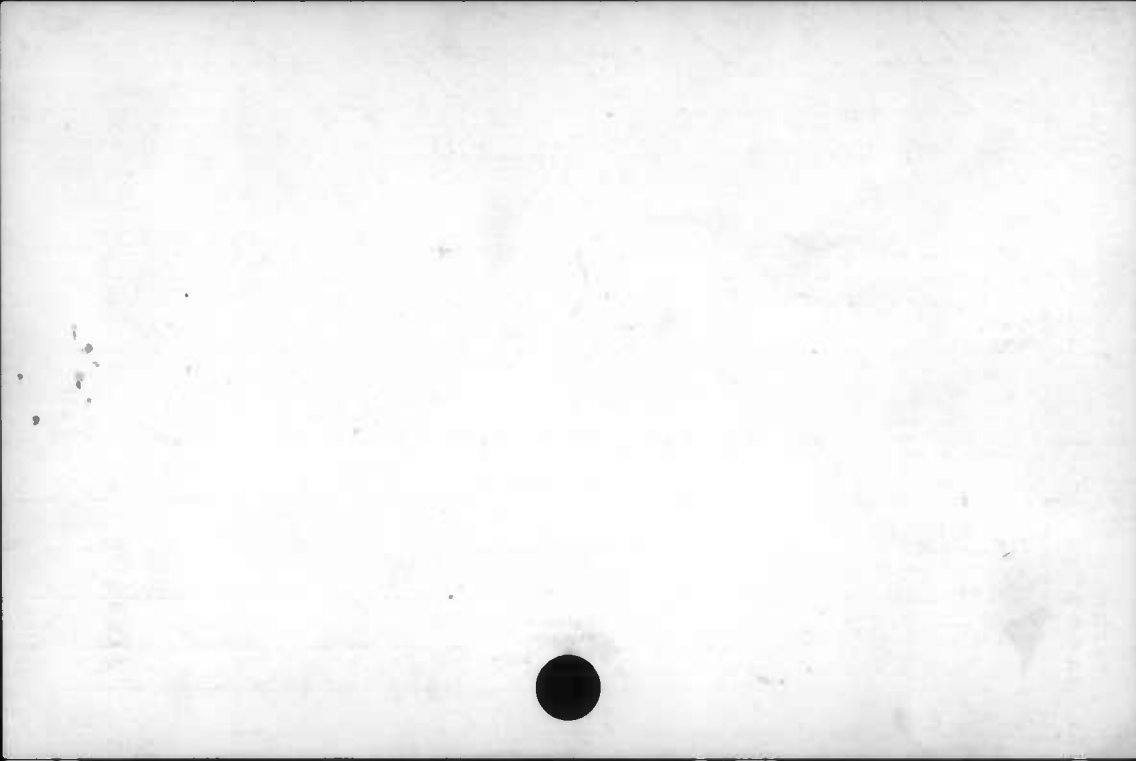
Signature of Physician [Signature]

Address Barnes and Ind

Accident or Suicide no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Leroy Osborn Davis

Town

County

Died at *Baltimore*

md.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 19*00*

mar

28.

Age

29

6

-

Sex

male

Color or
Race

White

Birth-
place

Alleg Co Md

Occupation

Driver

Where Residing if not
at place of death

-

Married, Single
or Widowed

Married

Name of Wife or
Husband

Emma Smith

Father's
Name

Francis J Davis.

Father's
Birthplace

Ally Co Md

Mother's
Maiden Name

Irene Zimmerman

Mother's
Birthplace

" " Md

Name of person giving
Information

Francis J. Davis

Have related
to deceased

Father

(176)

CAUSES OF DEATH

Primary

The ball penetrated the right arm at the elbow near the wrist.

Gunshot wound

How long

19 days.

Immediate

Septicemia

How long

12 w

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Coroner

Address

*John J. Pressman
Annapolis Md.*

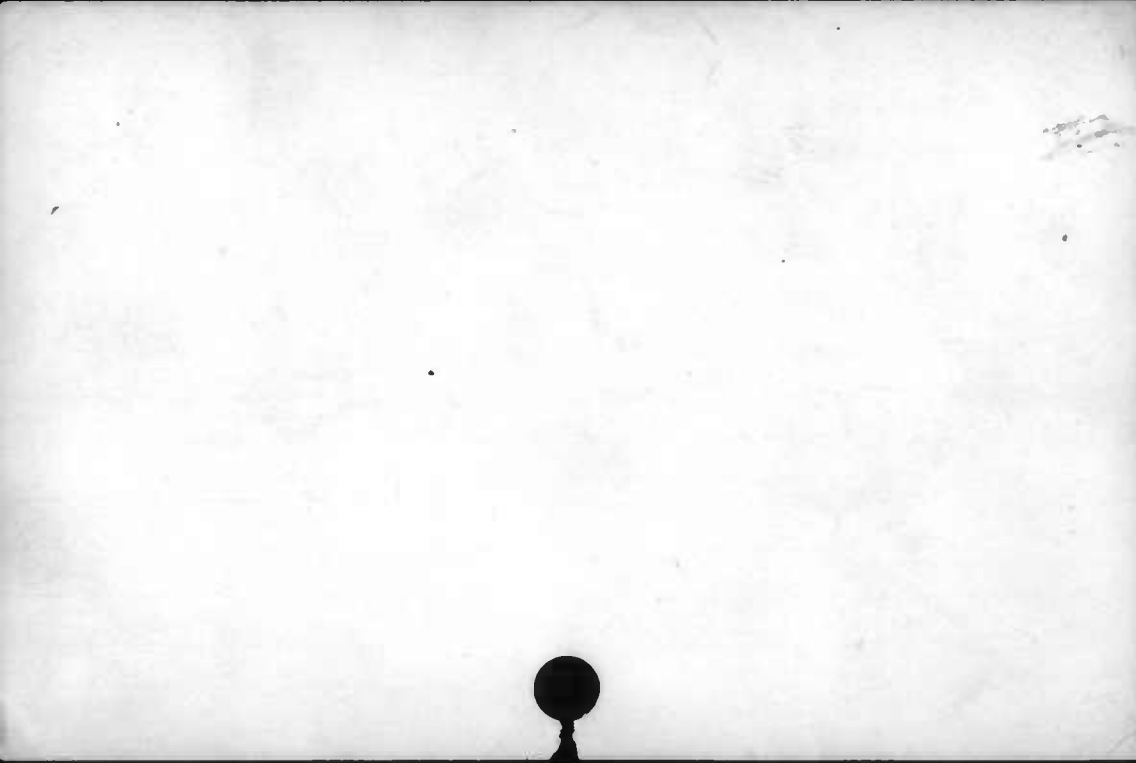
Accident or Suicide

homicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I



Name
in
Full

Bertha Clawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Disd at Ocean Town Allegany County MARYLAND

Date of death 1940 Month March Day 29 Age 3 Years 5 Months 6 Days

Sex Female Color or Race white Birth-place Ocean, Md

Occupation _____ Where Residing if not at place of death Ocean, Md.

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name George Clawson

Mother's Maiden Name Eleanor Wilson

Name of person giving Information George Clawson

Father's Birthplace Virginia

Mother's Birthplace Bordenbacht

How related to deceased Father

CAUSES OF DEATH

Primary Asthma

Immediate Asthma

How long 3 months

How long 3 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signatures of Physician

Address

J. P. O'Neil,
Midland, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

Read

Jacob Hapel

Name
in
Full

Patrick McRaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Valerium ^{Town} Alleghany ^{County} **MARYLAND**

Date of death 1900 ^{Month} 3 ^{Day} 26 Age 45 ^{Years} 6 ^{Months} 6 ^{Days}

Sex Male Color or Race white Birth-place Valerium

Occupation Miner Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Patrick McRaney Father's Birthplace Ireland

Mother's Maiden Name Mary Kane Mother's Birthplace " "

Name of person giving Information Thomas McRaney How related to deceased Brother

CAUSES OF DEATH

56

Primary alcoholism How long 5 months

Immediate inflammation How long 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Quier
Frostburg Md.

Accident or Suicide

PHYSICIAN
OR CORONER

J. Hahn
Cark

Name
in
Full

CERTIFICATE OF DEATH

Anna Drwall

Town

County

MARYLAND

Died at Cumberland Alleg.

Date

of death 1906

Month

Mar

Day

27

Years

Age 40

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Alleg. Co Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

U. G. Drwall

Father's
Name

Joseph Hixson

Father's
Birthplace

Ind

Mother's
Maiden Name

Anna Drwall

Mother's
Birthplace

Ind.

Name of person giving
Information

C. F. Drwall.

How related
to deceased

Brother

CAUSES OF DEATH

43

✓

Primary

Carcinoma of breast

How long

8 months

Immediate

Fluid filling up pleural

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

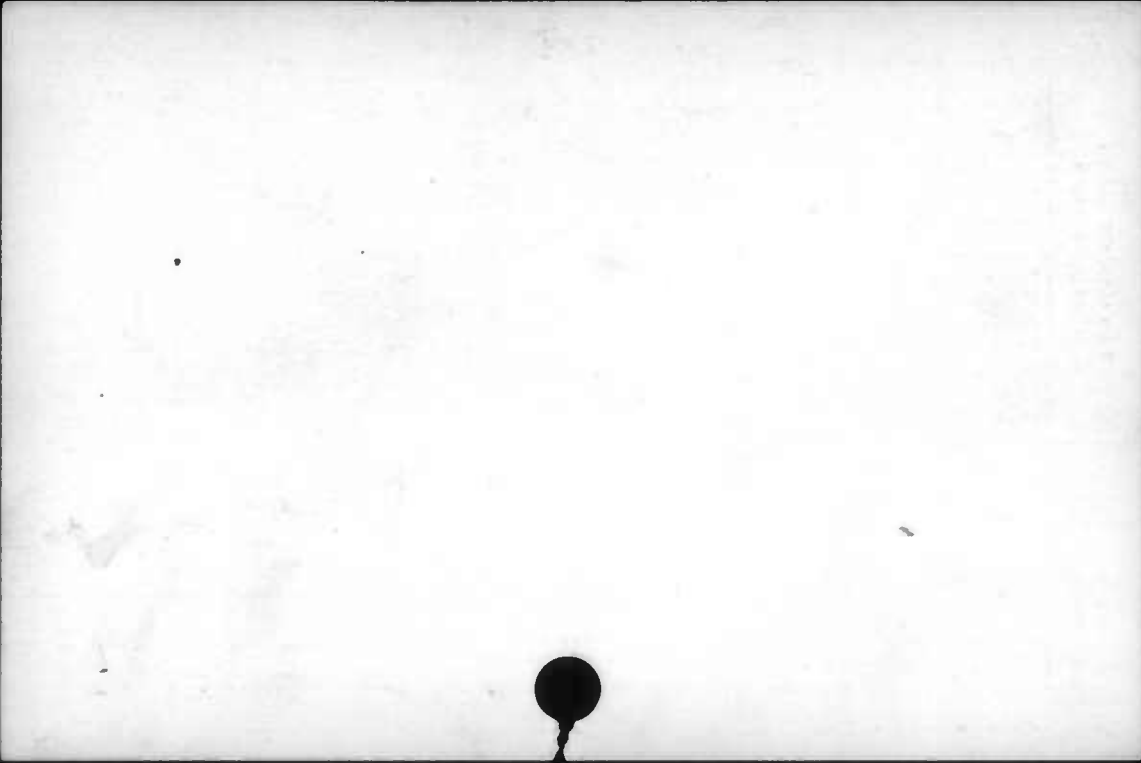
Cavity W. R. Hodges

Address

Dr Hodges &
Cumberland, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Josephus Everstine*
Town *Cumberland* County *Alleg.*
Died at *Cumberland* *Alleg.* MARYLAND
Date of death 1900 Month *Mar* Day *2* Age *77* Years Months Days
Sex *Male* Color or Race *White* Birth-place *Cumhd.*
Occupation *Flagman* Where Residing if not at place of death
Married, Single or Widowed *Widower* Name of Wife or Husband *Malassar*
Father's Name *Joseph Everstine* Father's Birthplace
Mother's Maiden Name *Mary Celay* Mother's Birthplace *Md.*
Name of person giving Information *Cuma Everstine* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Pneumonia, Lobular.*
Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Stem.

Accident or Suicide

Signature of Physician

Address

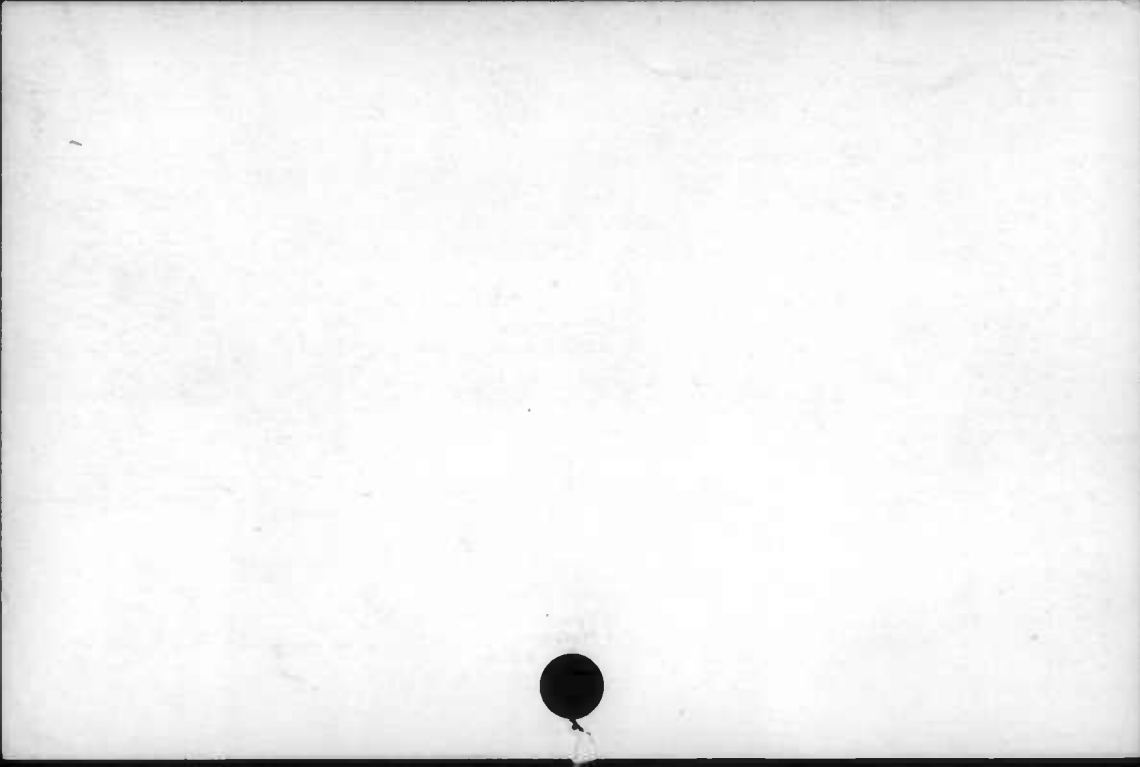
Phar. W. Lewis
Cumhd. Md.

How long

3 max

How long

2 days



Name
in
Full

Fannon

CERTIFICATE OF DEATH

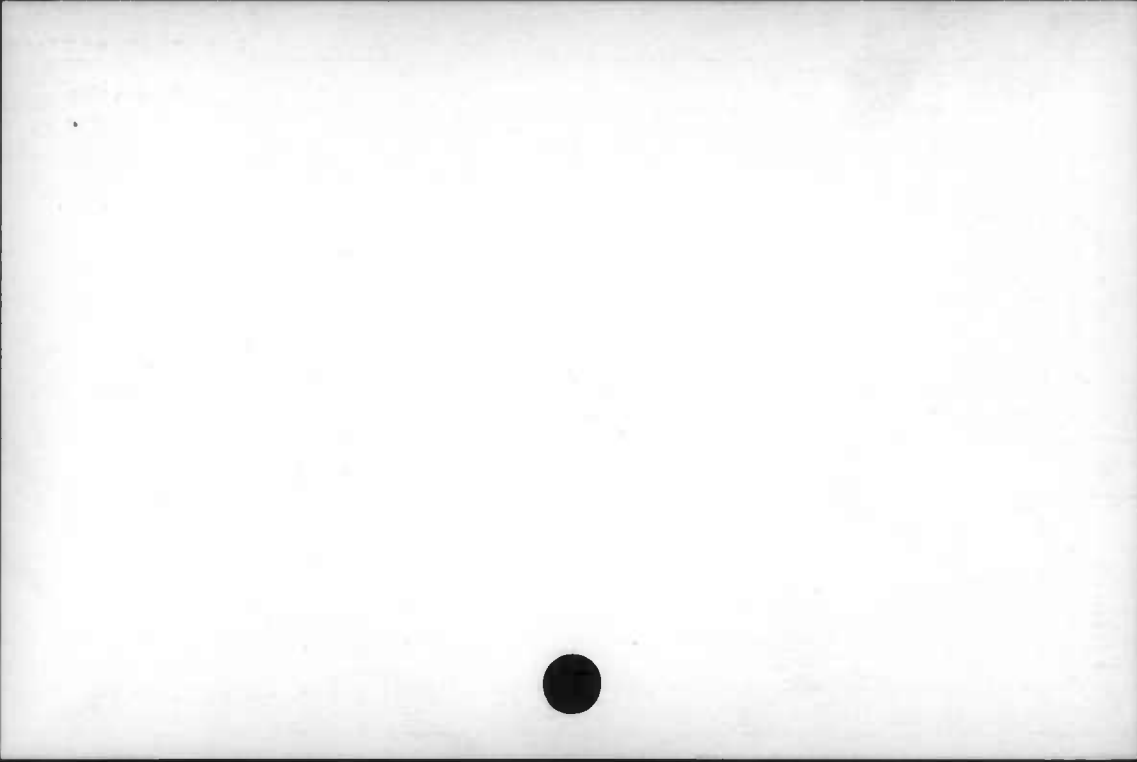
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ind. Sarag</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death 19 <i>00</i> ^{Month} <i>March</i> ^{Day} <i>15</i> ^{Years}		Age		^{Months} <i>25</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>W. White</i>		Birth-place <i>Ind. Sarag, Ind.</i>	
Occupation		Where Reading if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Richard Fannon</i>		Father's Birthplace <i>Ind. Sarag, Ind.</i>			
Mother's Maiden Name <i>Berttha Farrell</i>		Mother's Birthplace <i>Ind. Sarag, Ind.</i>			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia Left lung</i>	How long	<i>18 hrs</i>
Immediate	<i>Toxaemia</i>	How long	<i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. Alan G. Murray, M.D.</i>	
		Address <i>Ind. Sarag, Ind.</i>	
Accident or Suicide			



Name
in
Full

Lillie W. L. Fields

CERTIFICATE OF DEATH

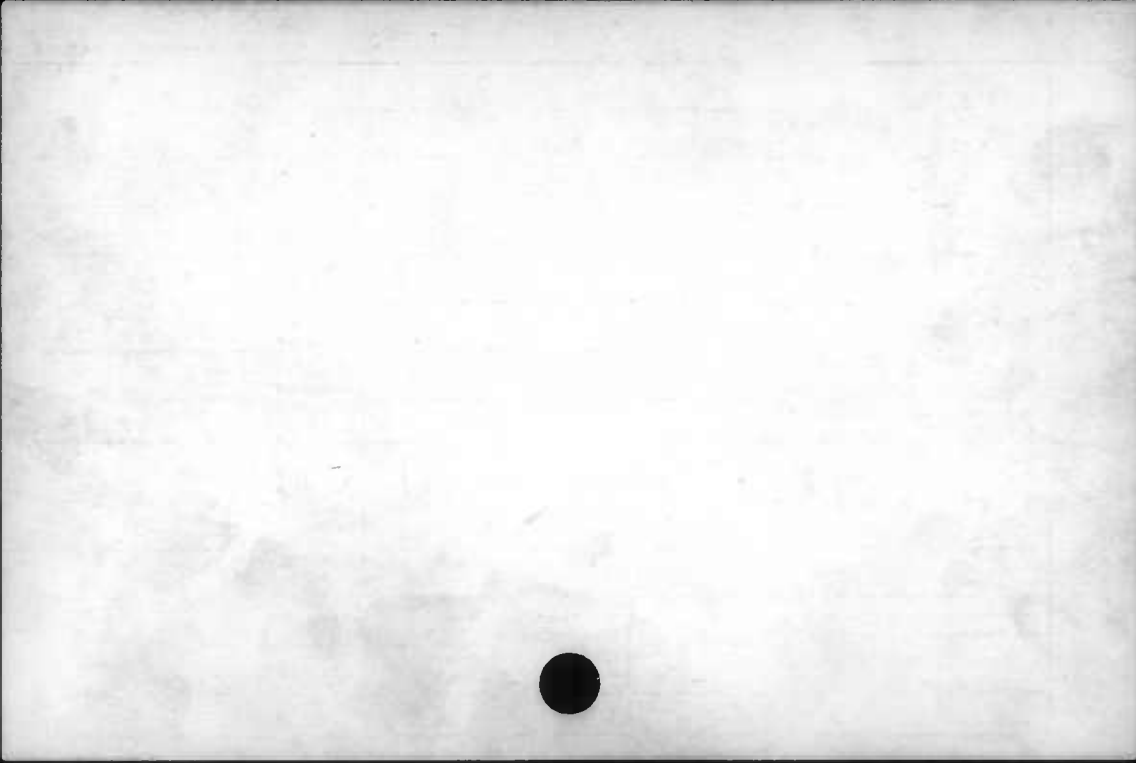
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt md</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>Mar</i>	Day <i>25</i>	Age <i>—</i>	Months <i>7</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumt md</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Harry I Fields</i>			Father's Birthplace <i>Cumt md</i>		
Mother's Maiden Name <i>Lillie W. Houser</i>			Mother's Birthplace <i>"</i>		
Name of person giving Information <i>M. J. Simmons</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

Primary	<i>Bronchial Pneumonia</i>	How long <i>92</i> <i>4 days</i>
Immediate	<i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. J. Simmons</i>
Address <i>Stein</i>		Address <i>Cumt md</i>
Accident or Suicide <i>—</i>		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Infant J P George

Town

County

MARYLAND

Died at *Cumtland* *allghany*

Date of death 19*80* Month *Mar* Day *24* Age *X* Years Months *X* Days *12*

Sex *male* Color or Race *White* Birth-place *18 Harrison St Cumtland Md*

Occupation *X None* Where Residing if not at place of death *X -*

Married, Single or Widowed *Single* Name of Wife or Husband *X None*

Father's Name *Jas. George* Father's Birthplace *DK*

Mother's Maiden Name *DKR Know* Mother's Birthplace *DK*

Name of person giving Information *Mrs Jas George (Mother)* How related to deceased *mother.*

CAUSES OF DEATH

(150) V

Primary *Obstruction of rectum & ureters due to malformation* How long *12 days.*

Immediate *Septicemia*

Are the name, age, sex, color, date and place correctly given above? *Yes*

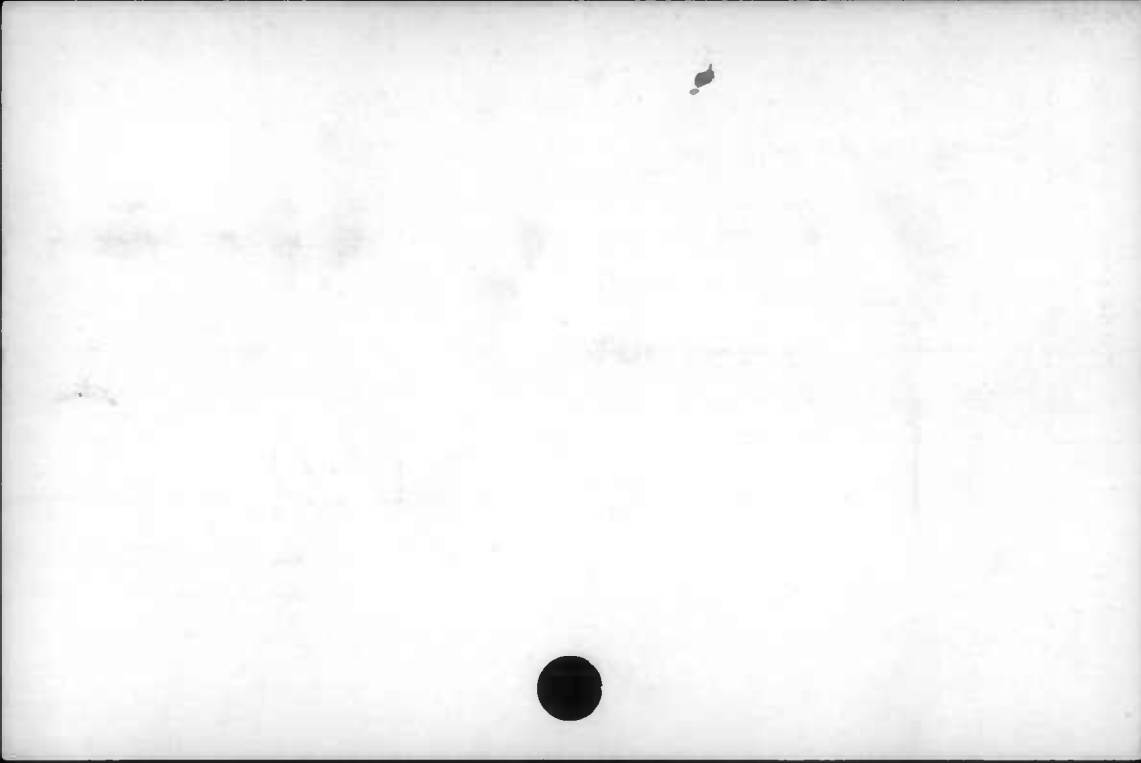
Signature of Physician *J. V. Downing M.D.*

Address *434 N. Center St Cumtland Md*

Accident or Suicide *X*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cumberland alleg.*

Date of death 19*60* *Mar* *24* Age *32*

Sex *Male* Color or Race *White* Birth-place *md.*

Occupation *Glass blower* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Anna Nutt*

Father's Name *John T Gerdeyau* Father's Birthplace *md*

Mother's Maiden Name *Allmaria Long* Mother's Birthplace *md*

Name of person giving Information *Anna Gerdeyau* How related to deceased *Wife*

CAUSES OF DEATH

27 ✓

Primary *Tuberculosis* How long *About 3 yrs.*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. Denning M.D.*

Address *134 N. Center St
Cumberland Md*

Stein

Accident or Suicide *X*

PHYSICIAN
OR CORNER

Wife & Children
Glasgow Union
Should know

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary A. Girlock</i>		Town <i>Huntingburg</i>		County <i>Alley</i>		MARYLAND					
Died at		Month <i>Mar</i>		Day <i>13</i>		Age <i>78</i>		Months <i>10</i>		Days	
Date of death <i>1940</i>		Sex <i>F</i>		Color or Race <i>W</i>		Birth-place <i>Va.</i>					
Occupation <i>Housewife</i>		Where Residing if not at place of death									
Married, Single or Widowed		Name of Wife or Husband <i>John Girlock</i>									
Father's Name <i>Piper</i>		Father's Birthplace <i>Va</i>									
Mother's Maiden Name		Mother's Birthplace <i>Va</i>									
Name of person giving information <i>John L. Girlock</i>		How related to deceased <i>Son</i>									

CAUSES OF DEATH

(67)

PHYSICIAN
OR CORONER

Primary <i>Senile Paralysis</i>		How long <i>About 1 yr</i>	
Immediate <i>Exhaustion</i>		How long <i>Gradual</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Longfellow</i>	
		Address <i>Ex. 1000 Md.</i>	
Accident or Suicide?			

J. Hafner.
Alleg

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Gilmore* Town *Alligum* County **MARYLAND**
Date of death 19*01* Month *March* Day *7* Age *—* Years Months *8* Days
Sex *male* Color or Race *White* Birth-place *Gilmore*
Occupation *—* Where Residing if not at place of death *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

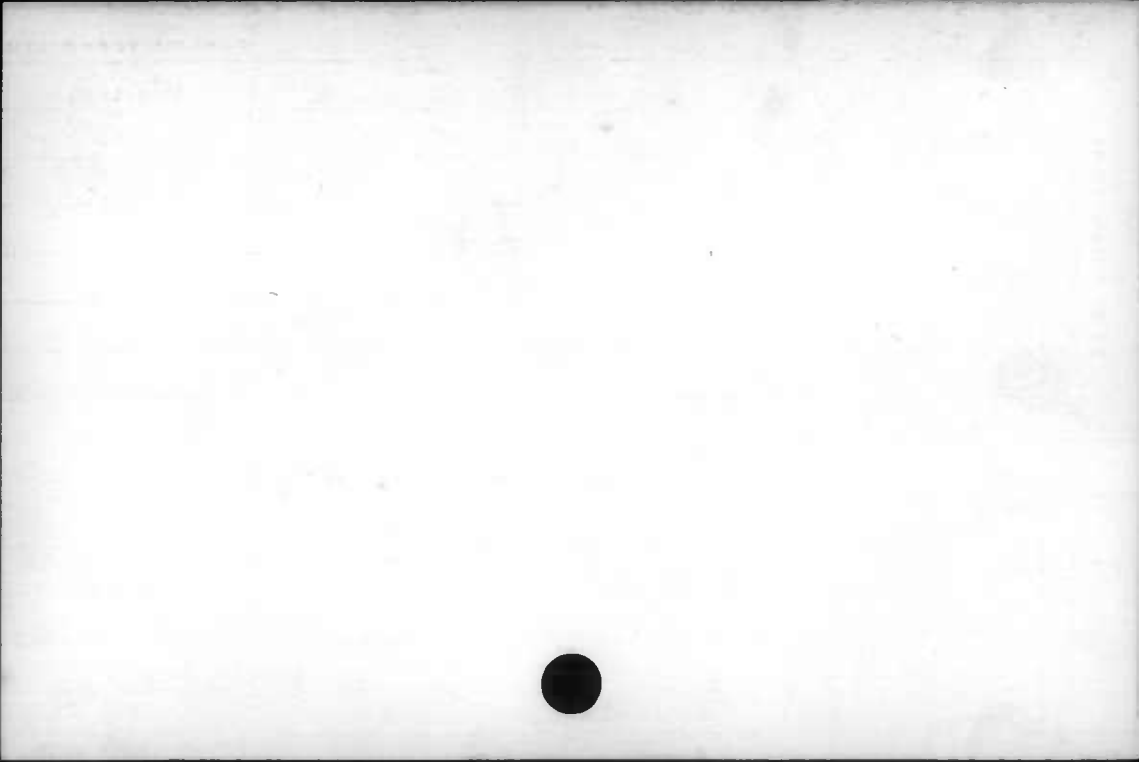
Are the name, age, sex, color, data
and place correctly given above?

yes

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Ellen Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sora</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>March</u>	Day <u>11</u>	Age <u>1</u>	Years <u>1</u>	Months <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Washington D. C.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Dominick Arnold</u>	Father's Birthplace <u>Boston Ma.</u>				
Mother's Maiden Name <u>Ellen Gray</u>	Mother's Birthplace <u>Moscow Ma.</u>				
Name of person giving Information <u>Ellen Gray</u>	How related to deceased <u>Mother -</u>				

CAUSES OF DEATH

Primary <u>Cerebral Meningitis</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion - Inunction</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James O. Bullock M.D.</u>
	Address <u>Lonsaving Ma</u>
Accident or Suicide <u>no</u>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Chas C Hamilton
Town County

Died at *Cumberland Allegany* MARYLAND

Date of death 19*40* Month *Bank* Day *5* Age *29* Years Months *4* Days *-*

Sex *Male* Color or Race *White* Birthplace *Ind.*

Occupation *R.R. Brakeman* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *Matilda*

Father's Name *A J Hamilton* Father's Birthplace *Ind.*

Mother's Maiden Name *Susan Knuff* Mother's Birthplace *Ind.*

Name of person giving Information *A J Hamilton* How related to deceased *Father*

CAUSES OF DEATH

76

Primary *Abscess brain following otitis media* How long *Probably weeks*

Immediate *Rupture abscess followed by paralysis and death* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

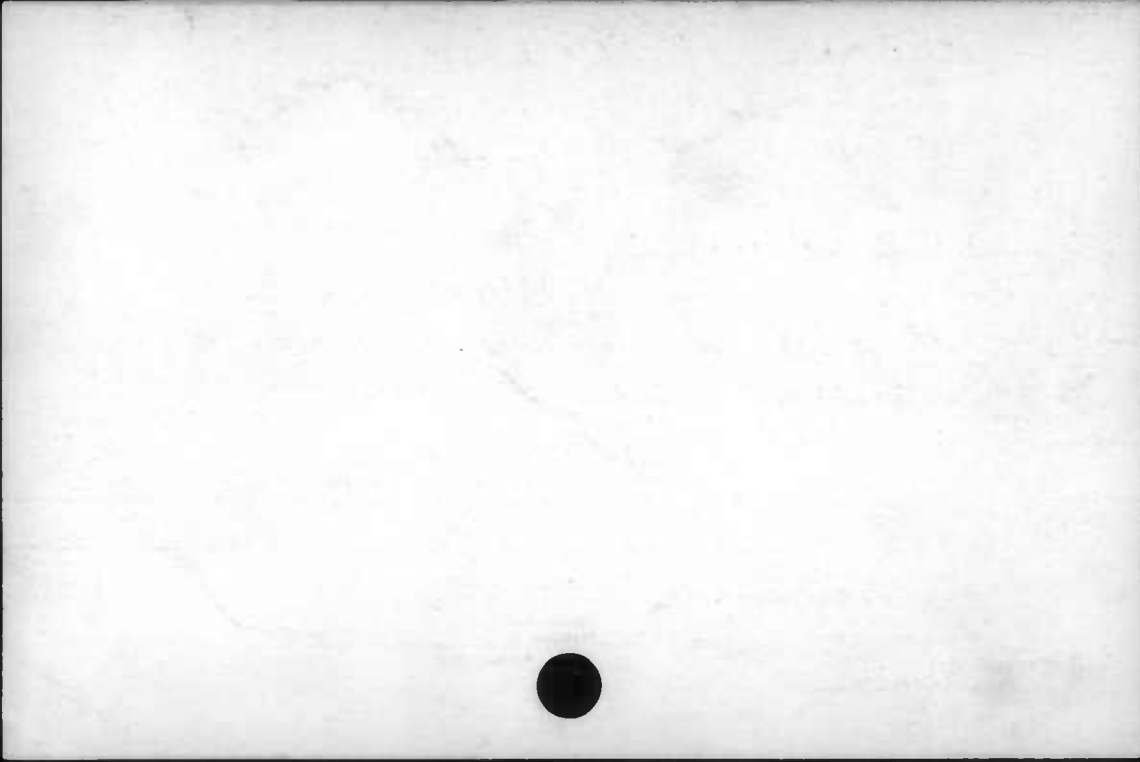
Address

W. F. Kelly

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eliza Harlan
Town

County
Allegheny

MARYLAND

Died at Cumberland

Date

of death 1900

Month

Feb

Day

12

Age

Years

75

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Thomas Harlan

Father's
Name

Charles Anderson

Father's
Birthplace

Pa

Mother's
Maiden Name

Sophia Thomas

Mother's
Birthplace

Pa

Name of person giving
Information

Mamie Rowe

How related
to deceased

Daughter

CAUSES OF DEATH

40

Primary

Gastric Cancer

How long

1 year

Immediate

Senile Debility, Exhaustion

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

F L Bartdoll.
Cumberland

Accident or Suicide

Phila. Pa.

PHYSICIAN
OR CORNER

Print to

Name
in
Full

Bernedius Harmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Eckhart ^{Town} Alley ^{County} MARYLAND

Date of death 1940 ^{Month} Mar ^{Day} 30 ^{Year} 69 ^{Months} 8 ^{Days}

Sex 71 ^{Color or Race} w ^{Birth-place} Germany

Occupation Housewife ^{Where Residing if not at place of death} —

Married, Single or Widowed Married ^{Name of Wife or Husband} Frank Harmer

Father's Name Henry Westbreach ^{Father's Birthplace} Germany

Mother's Melden Name Katherine Eckhart ^{Mother's Birthplace} "

Name of person giving Information Frank Harmer ^{How related to deceased} Wife

CAUSES OF DEATH

Primary Pneumonia ^{How long} one week

Immediate Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Griffith
Frederick Md

Accident or Suicide

PHYSICIAN
OR CORONER

H

Jacob Haper
Catholic

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		March	22	Age		16	
Sex		Color or Race		Birth-place			
Male		White		Bud Sargy			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		27		Father's Birthplace		Hungary	
215 Host				Mother's Birthplace		Hungary	
Mother's Maiden Name		28		How related to deceased		Father	
Mary Welch				93		1	
Name of person giving Information		215 Host					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	36 hrs
Immediate	Tuberculosis	How long	8 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
y		F. Alan E. Murray M.D.	
		Address	
		Bud Sargy Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barton</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND							
Date of death	19 <i>80</i>	Month	<i>Mar</i>	Day	<i>27</i>	Age	<i>80</i>	Years	Months	Days	<i>4</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Allegany Co</i>				
Occupation	<i>Farmer</i>					Where Residing if not at place of death	<i>✓</i>				
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Mary Dawson</i>							
Father's Name	<i>David Juskeep</i>					Father's Birthplace	<i>Unknown</i>				
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Unknown</i>				
Name of person giving information	<i>W. C. Juskeep</i>					How related to deceased	<i>Son</i>				

CAUSES OF DEATH

41

Primary	<i>Cancer of rectum</i>	How long	<i>About One year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>S. A. Boucher</i>
<i>So far as I can be learned</i>	Address	<i>Barton, Md.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *North Branch* ^{Town} *allergany* ^{County}
Date of death *1916* ^{Month} *3* ^{Day} *28* ^{Years} *55* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Pa*
Occupation *House wife* Where Residing if not at place of death *North Branch*
Married, Single or Widowed *Married* Name of Wife or Husband *Erd Johnson*
Father's Name *Shave Conrad* Father's Birthplace *Pa*
Mother's Maiden Name *Marry Cranton* Mother's Birthplace *Pa*
Name of person giving Information *Erd Johnson* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Heart Disease* *79* ^{How long} *One year*
Immediate *Heart Failure* ^{How long} *Immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

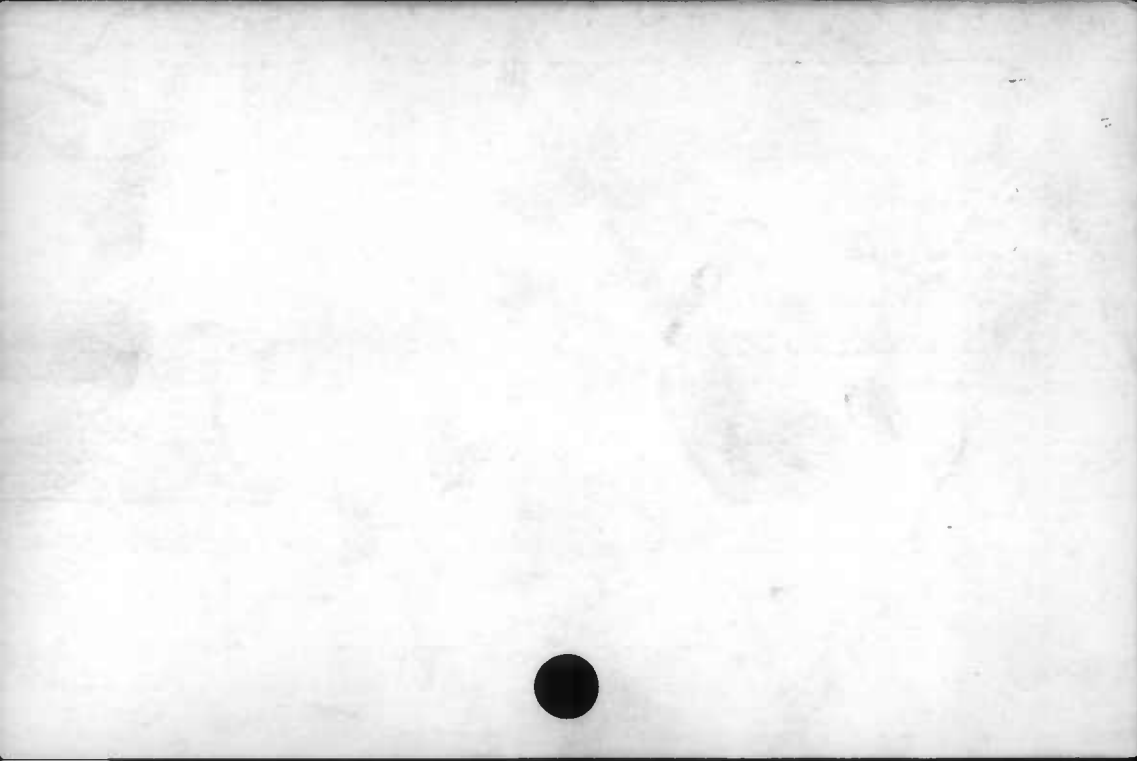
Accident or Suicide

Accident

Coroner
John T. Dressman
Cub'd Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

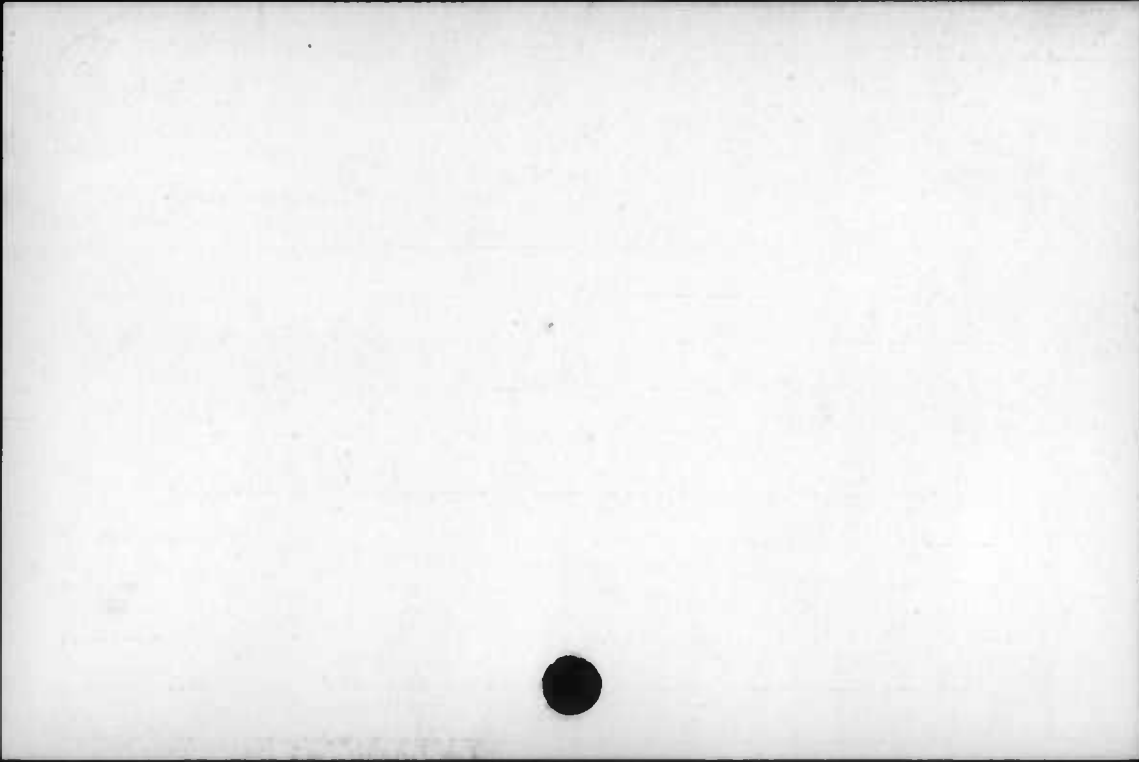
Died at <u>Barth</u> Town		<u>Keyes</u> County		MARYLAND	
Date of death <u>1904</u>	Month <u>Mar.</u>	Day <u>15</u>	Age <u>1</u>	Months	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Alleg Co</u>		
Occupation <u>L</u>	Where Residing if not at place of death <u>L</u>				
Married, Single or Widowed <u>L</u>	Name of Wife or Husband <u>L</u>				
Father's Name <u>Wm Keyes</u>	Father's Birthplace <u>Alleg Co</u>				
Mother's Maiden Name <u>Mary Jane Shriver</u>	Mother's Birthplace <u>Alleg Co</u>				
Name of person giving information <u>Mary Jane Shriver</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <u>Convulsions</u>	How long <u>One day</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A. Brucher</u>
	Address <u>Barth Md</u>
Accident or Suicide?	



Name
in
Full

George H Koelker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Emmott Town Allegheny County MARYLAND
Date of death 1900 Month March Day 16 Age — Years — Months 2 Days 8
Sex male Color or Race White Birth-place Emmott
Occupation none Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Joseph H. Koelker

Father's Birthplace Emmott

Mother's Maiden Name Agnes Arnold

Mother's Birthplace Allegheny Co.

Name of person giving Information Joseph H Koelker

How related to deceased Father -

CAUSES OF DEATH

Primary Pneumonia

How long 9 days

Immediate Exhaustion

How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician M. F. Lang

Address Emmott, Md

PHYSICIAN
OR CORONER

Accident or Suicide 31 Hannover



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mrs Walter Trase Town Pinto County Sevier garr MARYLAND
Died at Pinto Month 3 Day 12 Years 39 Months Days
Date of death 190 3 Age 39
Sex Female Color or Race White Birth-place W Va
Occupation Housewife Where Residing if not at place of death Pinto Md
Married, Single or Widowed married Name of Wife or Husband Walter Trase
Father's Name John W Trase Father's Birthplace W Va
Mother's Maiden Name Logston Mother's Birthplace W Va
Name of person giving Information J T Trase How related to deceased Brother

CAUSES OF DEATH

Primary Cerebral hemorrhage How long 49 ✓
How long years

Immediate

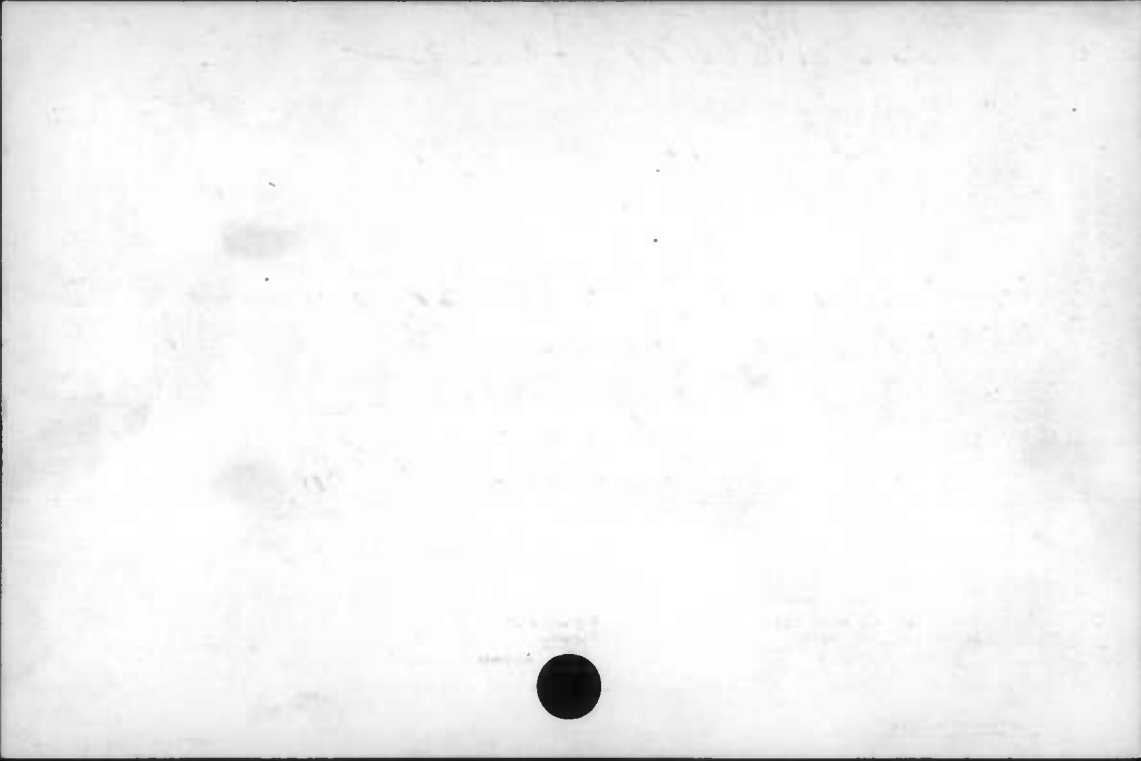
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

Mrs. Isabelle C. Cartson Lee

Town

County

MARYLAND

Died at

Pekin

Allegheny

Date

of death

1900

Month

March

Day

8

Age

31

Months

11

Days

8

Sex

Female

Color or
Race

White

Birth-
place

Lonacony

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Thomas Lee

Father's
Name

Thomas Clarkson

Father's
Birthplace

Scotland

Mother's
Maiden Name

Annie Love

Mother's
Birthplace

Scotland

Name of person giving
Information

Douglas Clarkson

How related
to deceased

Brother

CAUSES OF DEATH

10

Primary

La Grippe

How long

10 days

Immediate

Vomiting, Hiccoughs

How long

2 "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

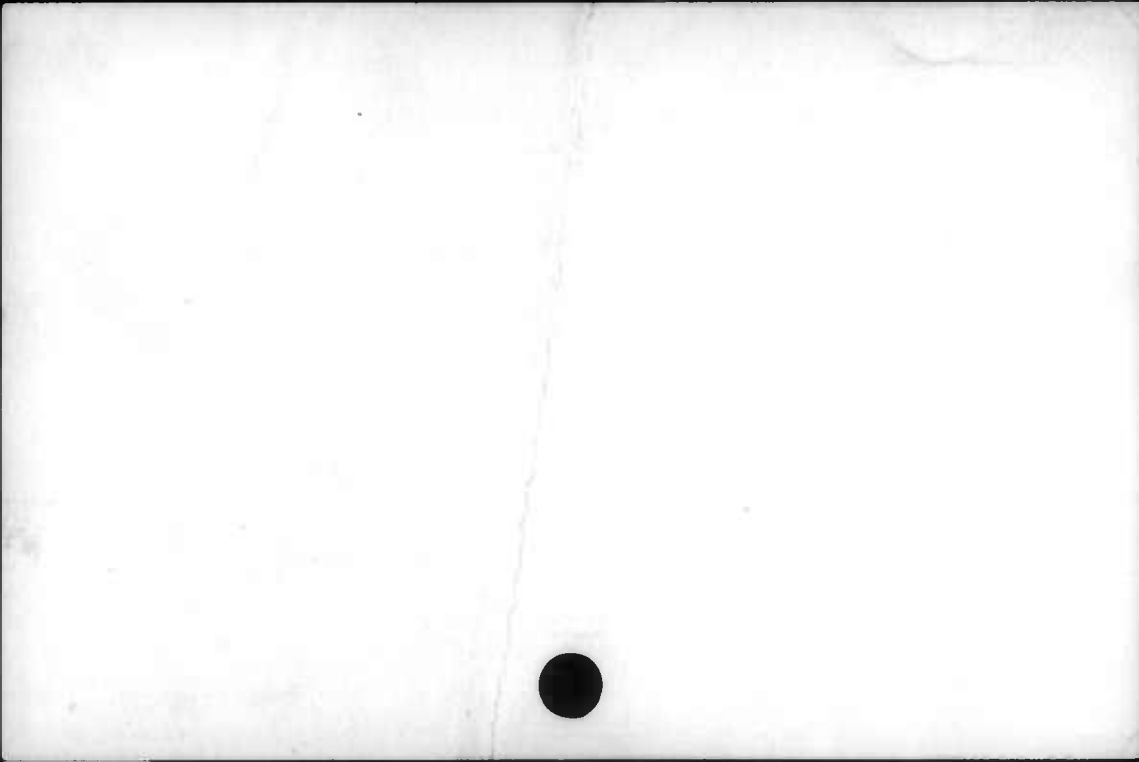
Address

Henry M. Hodgson
Lonacony
Md.

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Mr & Mrs L.A. Mc Gowan
Died at ^{Town} Cumberland ^{County} Alleg **MARYLAND**
Date of death 1906 ^{Month} Mar ^{Day} 17 Age ^{Years} ^{Months} ^{Days} 5
Sex Male Color or Race White Birth-place Anuld
Occupation _____ Where Residing if not at place of death _____

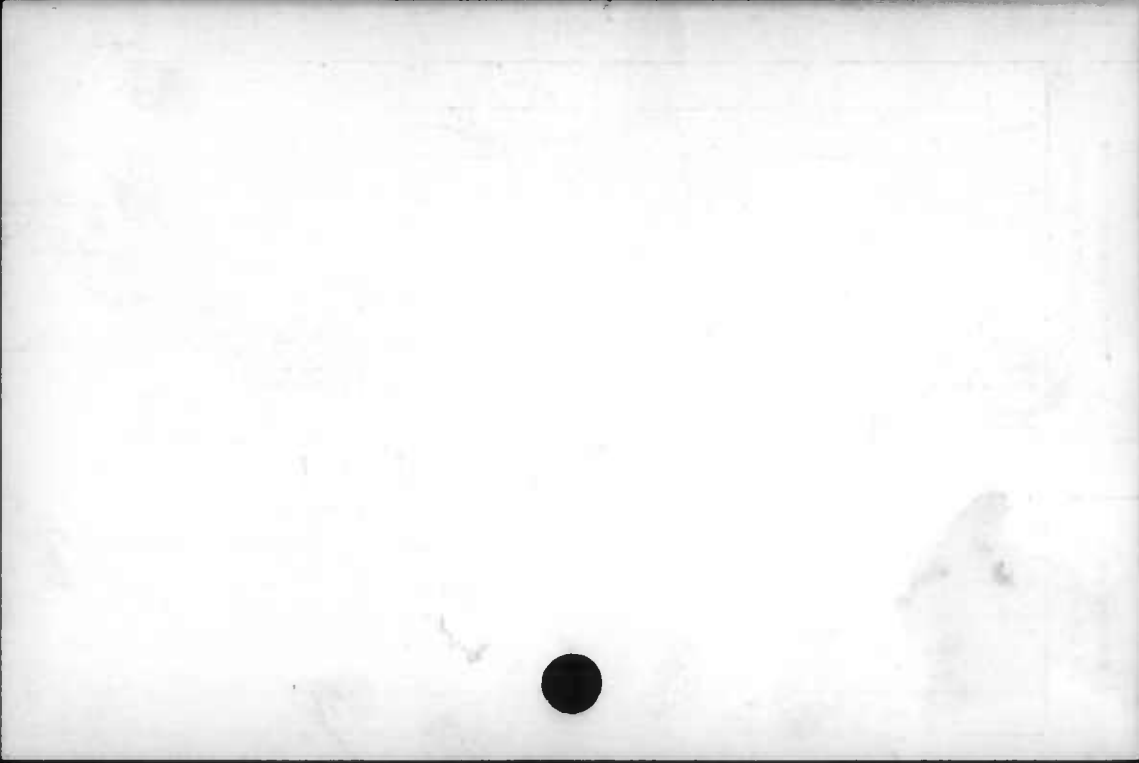
Married, Single or Widowed Single Name of Wife or Husband None
Father's Name L.A. Mc Gowan Father's Birthplace Great Cacapon
Mother's Maiden Name Bessie Heavener Mother's Birthplace Romney W. Va.
Name of person giving Information L.A. Mc Gowan How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature birth 7 months gestation How long
Immediate Gangren with patency of Foramen Ovale 24 hours How long
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician William R. Ford M.D.
Address 109 Virginia Ave
Cumberland Md.
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

George H. Martz
Town Cumberland County

Date

of death

1940 Mar

Day

17

Age

60

Months

8

Days

—

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

Ex-Sheriff.

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Frances Martz

Father's
Name

Geo H Martz

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary Selmer

Mother's
Birthplace

Germany

Name of person giving
Information

Mary Martz

How related
to deceased

Wife!

CAUSES OF DEATH

120

Primary

Chronic Nephritis.
Uremia

How long

Month

Immediate

How long

two weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

L. H. J. J. J. J.

Address



Fight man

PHYSICIAN
OR CORONER

Accident or Suicide

100-101
100-101
100-101



Name
In
Full

CERTIFICATE OF DEATH

Mary Garrity Mullaney

Town

County

Died at

Int Savage

Allegheny

MARYLAND

Date

of death 1900

Month

March

Day

12

Age

Years

79

Months

7

Days

23

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Huaband

Thomas Mullaney

Father's
Name

John Garrity

Father's
Birthplace

Ireland

Mother's
Maiden Name

Bridget Garrity

Mother's
Birthplace

Ireland

Name of person giving
Information

Thomas Crowley

How related
to deceased

Grandson

CAUSES OF DEATH

106

v

Primary

Old Age

How long

Immediate

Diarrhea

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

F. Alan Murray

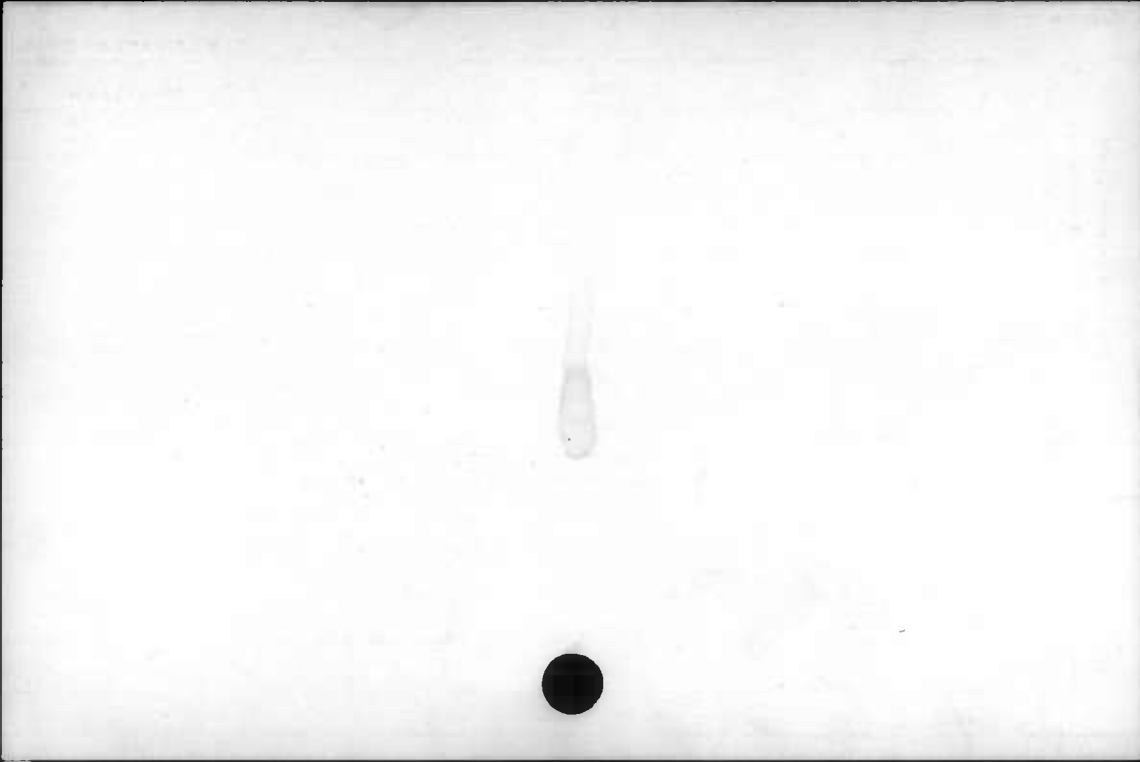
Address

Int Savage

Accident or Suicide

Maryland

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

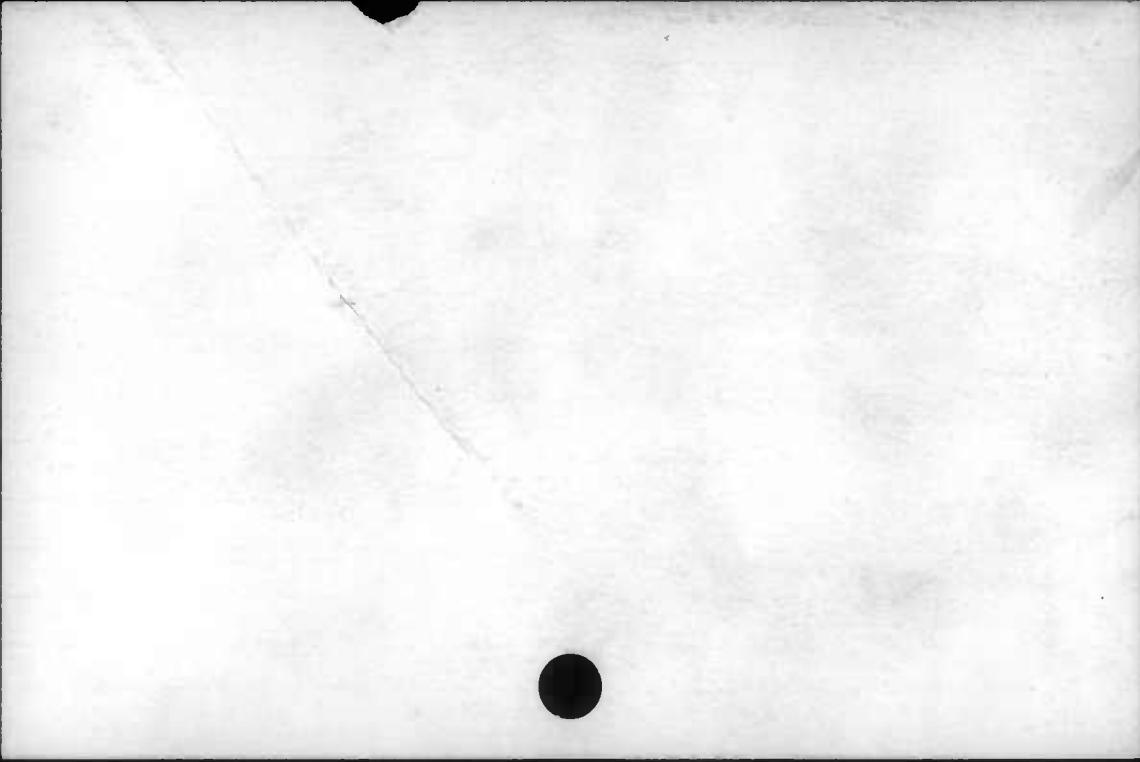
TO BE ANSWERED BY
NEAREST FRIEND

R. L. Myers
Died at *Lincolnton* County *Allegany* MARYLAND
Date of death 1990 *3* Month *22* Day Age *54* Years Months Days
Sex *Male* Color or Race *White* Birth-place *W. Turner*
Occupation *Unknown* Where Residing if not at place of death *Unknown*
Married, Single or Widowed *Widowed* Name of Wife or Husband *Unknown*
Father's Name *Unknown* Father's Birthplace *" " "*
Mother's Maiden Name *" "* Mother's Birthplace *" " "*
Name of person giving Information *G. A. Pether* How related to deceased *Niece*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Fall from moving train* How long *166* Immediate *Immediate*
Immediate *Concussion of brain* How long *"*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Coroner*
Address *John E. Dressman*
Cubert D. Md
Accident or Suicide *Accident*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *William S. Palmer*
Town *Cumberland* County *Alleg*

MARYLAND

Died at
Date of death 1900 Month *Mar* Day *1* Age *73* Years Months DaysSex *Male* Color or Race *White* Birth-place *England*Occupation *Tailor* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Ruth Bellon*Father's Name *John Palmer* Father's Birthplace *England*Mother's Maiden Name *Susan Blatchford* Mother's Birthplace *England*Name of person giving Information *Wm Palmer* How related to deceased *Son.*

CAUSES OF DEATH

Primary *Paralysis Agitans* How long *8 mo.*Immediate *Exhaustion* How long *7 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Edward Harris*Address *Cumberland*Accident or Suicide *f*PHYSICIAN
OR CORONER

2. Sisters in England

1. Berta (John)

Mrs. Susan, marriage

" Mary Strong

2. George

Thomas, Michigan

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Charles Pennington* Town *Cumberland Md* County *Allegheny*

Died at *Cumberland Md* MARYLAND

Date of death 19*80* Month *3* Day *14* Age *57* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Grosbeak*

Occupation *Locally* Where Residing if not at place of death *Cumberland.*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Parker Pennington* Father's Birthplace *Chester Co. Pa*

Mother's Maiden Name *Elizabeth Hayden* Mother's Birthplace *Mathews Co Md*

Name of person giving Information *Lura Morris* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mitral regurgitation* How long *79* *9 months*

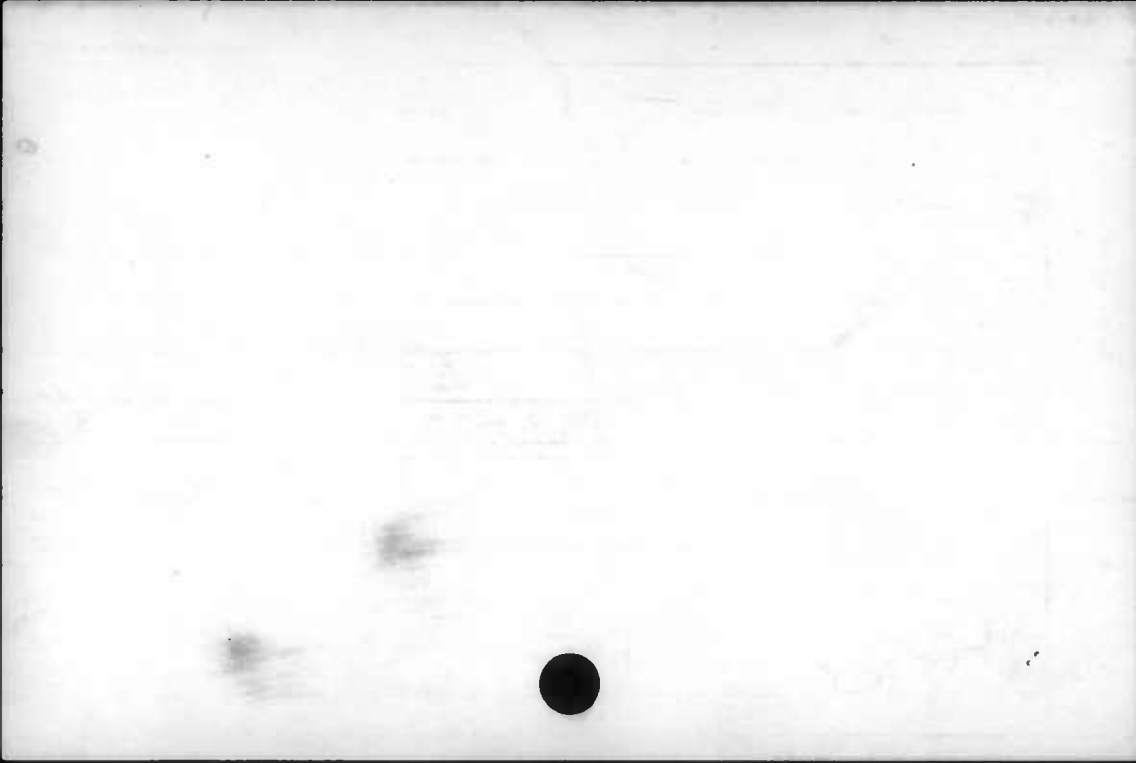
Immediate *Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *William H. Ford M.D.*

Address *109 W. Ave. Cumberland Md.*

Accident or Suicide



Name
in
Full

Alex M. Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Queenary</u> ^{County}		MARYLAND	
Date of death <u>1976</u> <u>2</u> ^{Month} <u>20</u> ^{Day}		Age <u>75</u> ^{Years}		<u> </u> ^{Months} <u> </u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Grassburg</u>			
Occupation <u>Rail Road</u>	Where Residing if not at place of death <u>Cumby</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Eleanor C. Lingo</u>				
Father's Name <u>John A. Porter</u>	Father's Birthplace <u>Eckhart</u>				
Mother's Maiden Name <u>Catherine McMillin</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>Mrs. J. S. Lingo</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

79

Primary <u>Mitral Regurgitation</u>	How long <u>1 year</u>
Immediate <u>& exhausted</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thos. M. Wood</u>
	Address <u>Cumberland</u>
Accident or Suicide <u>Westonport</u>	<u>MD</u>

PHYSICIAN
OR CORONER

A. Lea Fountain, M. D.
Cumberland, Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John J. Price

Died at *Cumbarland* *allegh* County *MARYLAND*

Date of death *1940* Month *Mar* Day *30* Age *68* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Retired Laborer* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Anna Tickelson*

Father's Name *John Price* Father's Birthplace *Ireland*

Mother's Maiden Name *Don't know* Mother's Birthplace *D.K.*

Name of person giving Information *Chas. Soethe* How related to deceased *Son in law*

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary *Jaundice* How long *1 week*

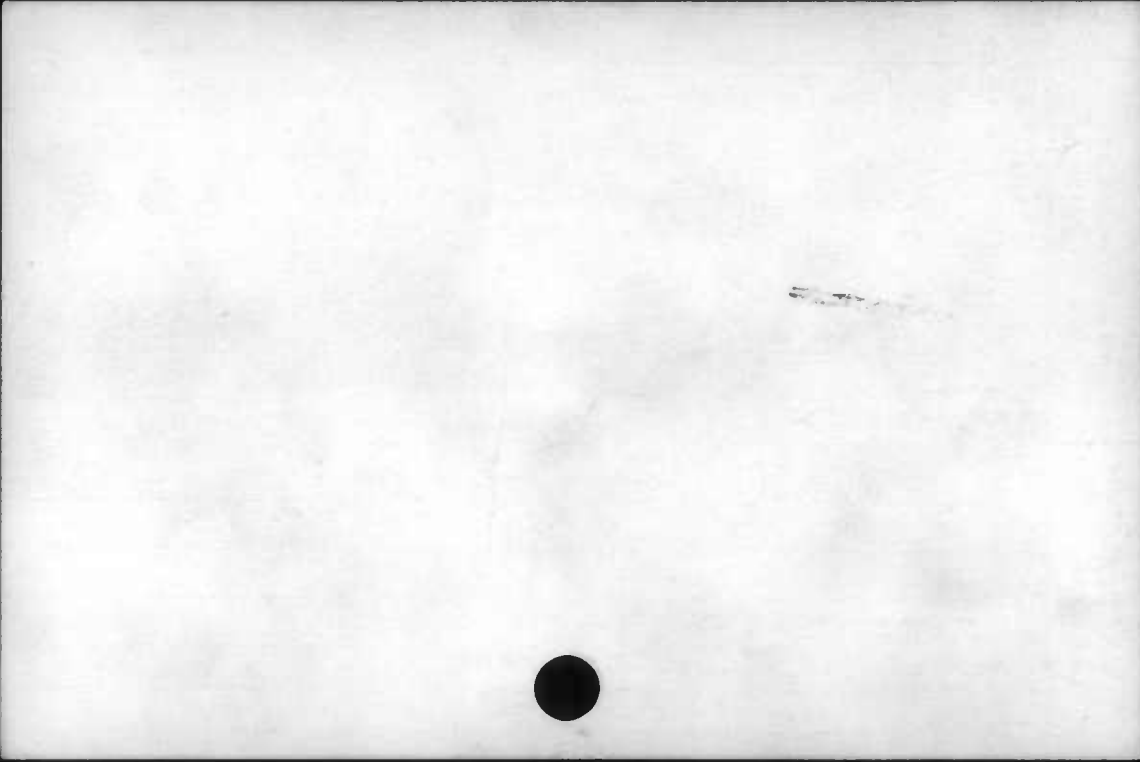
Immediate *exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?
Stem.

Signature of Physician *Thos. W. Brown*

Address *Cumbarland*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Rae* Town *Harpersville* County *Allegheny* MARYLAND
Died at
Date of death *1900* Month *March* Day *27* Age *74* Years Months *2* Days *12*
Sex *male* Color or Race *White* Birth-place *Scotland*
Occupation *Stone Keeper* Where Residing if not at place of death *—*
Married, Single or Widowed *widower* Name of Wife or Husband *Isabella Ferguson*
Father's Name *Wm. Rae* Father's Birthplace *Scotland*
Mother's Maiden Name *Unknown* Mother's Birthplace *Scotland*
Name of person giving Information *Mrs Wm. Harper* How related to deceased *daughter*

CAUSES OF DEATH

113 V

PHYSICIAN
OR CORONER

Primary *Scirrhus of Liver* How long *1 year*
Immediate *Heart Failure* How long *Sudden*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

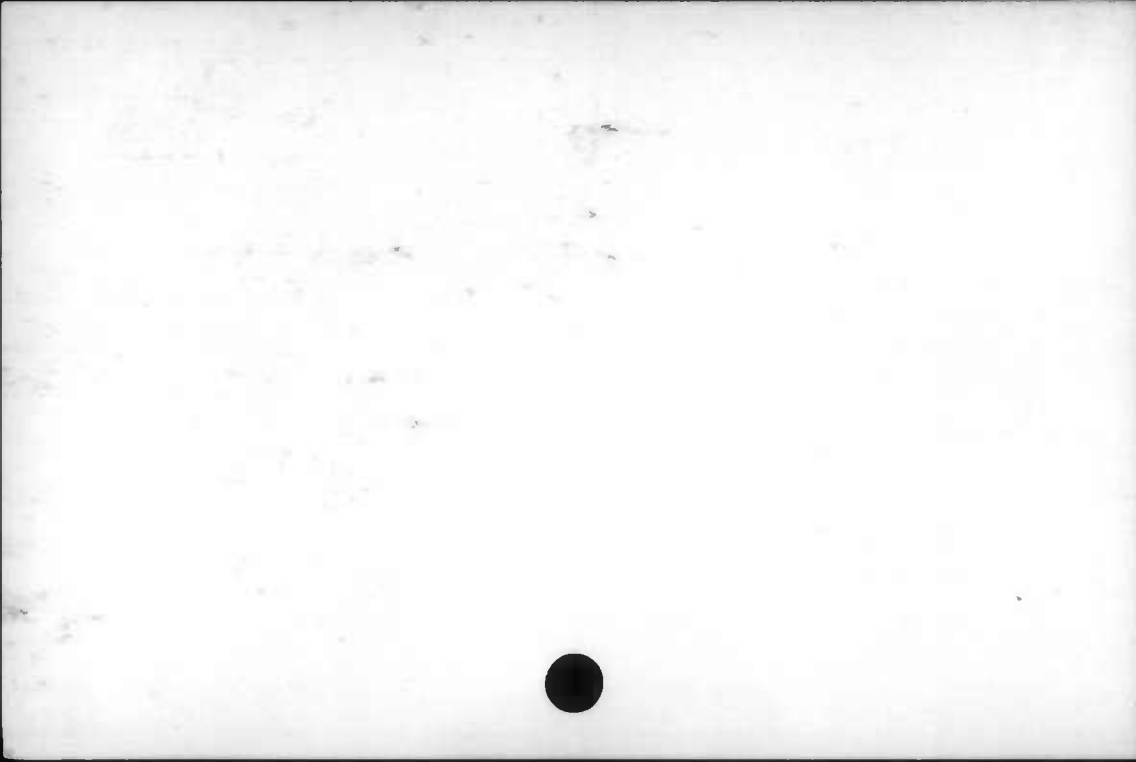
James C. Bullock M.D.

Address

Lawsoning Ma

Accident or Suicide

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Ricker* Town *Sinacum* County *Allegheny*

Died at *Sinacum* Maryland

Date of death 19*60* Month *March* Day *10* Age *69* Years Months *5* Days *16*

Sex *male* Color or Race *white* Birthplace *Cumberland*

Occupation *retired farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *John Ricker* Father's Birthplace *Germany*

Mother's Maiden Name *Deloris Burkett* Mother's Birthplace *Germany*

Name of person giving Information *August Ricker* How related to deceased *brother*

CAUSES OF DEATH

10 ✓

PHYSICIAN
OR CORONER

Primary *SA Grippe* How long *4 weeks*

Immediate *Dyspnoea - heart failure* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James C. Bullock M.D.*

Address *Sinacum Md.*

Accident or Suicide *no*



CERTIFICATE OF DEATH

MARYLAND

L. Scarcelli
 Town *Easthart Mines*

County *Alleghany*

Date of death 19*00* Month *March* Day *18* Age *—* Years *—* Months *—* Days *10*

Sex *Male* Color or Race *White* Birth-place *Easthart Mines Md*

Occupation *—* Where Residing if not at place of death *Easthart Mines Md*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Peter Scarcelli*

Father's Birthplace *Italy*

Mother's Maiden Name *Rachael Granette*

Mother's Birthplace *Italy*

Name of person giving Information *Peter Scarcelli*

How related to deceased *Father*

CAUSES OF DEATH

Primary *Enteritis*

How long *1054* ✓
five days

Immediate *Fracture*

How long *" "*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Holdsworth
Easthart Mines

Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Hoisting Iron and Co

Catholic Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Mrs Fannie Shultz

Town

County

MARYLAND

Died at

Cumberland

Alleg.

Date

of death 1900

Month

Mar

Day

19

Age

Years

46

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Phil. Pa

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Father's
Name

Lazarus Jacobs

Father's
Birthplace

England

Mother's
Meiden Name

Rose Putzel

Mother's
Birthplace

Phil. Pa

Name of person giving
Information

H. L. Putzel

How related
to deceased

Uncle.

CAUSES OF DEATH

119

V

Primary

Uremic poisoning

How long

1 week

Immediate

& heart failure

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Thos. M. Koon

Address

Cumberland

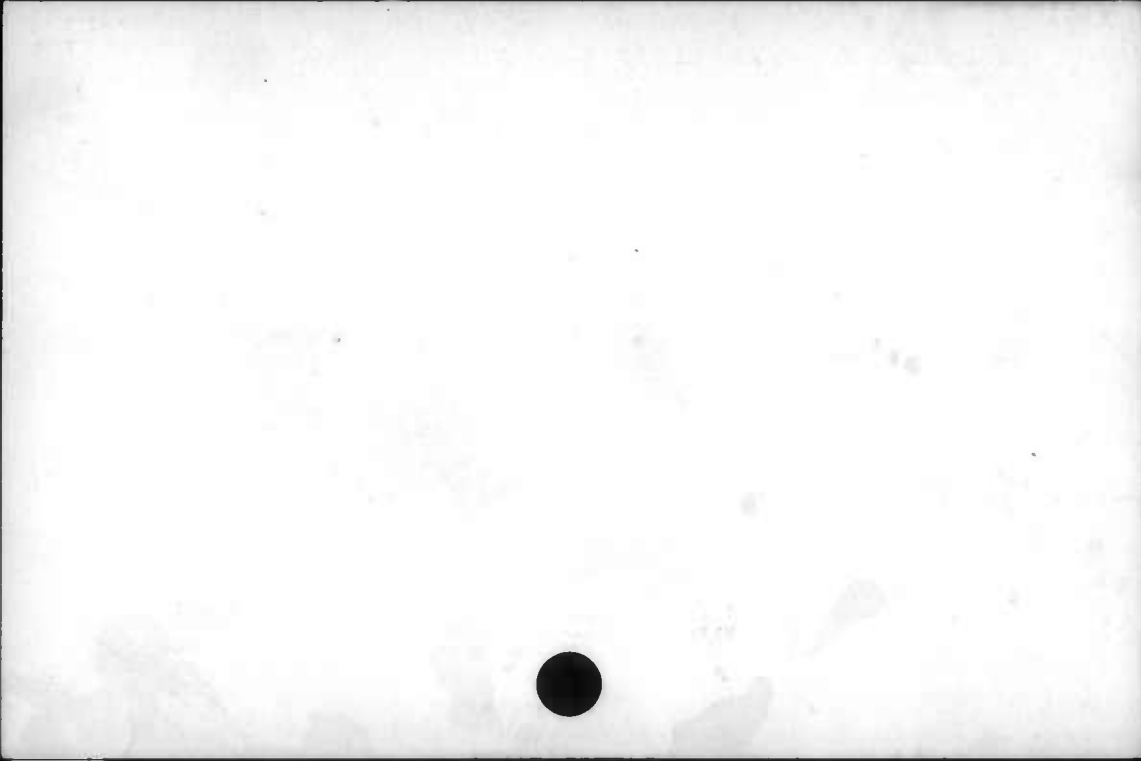
md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H



Name
in
Full

Raymond Thomas Smith

CERTIFICATE OF DEATH

Died at

Frostburg

Town

County

Alleghany

MARYLAND

Date

of death

1900

Month

May

Day

31

Years

Age 3

Months

10

Days

11

Sex

Male

Color or
Race

white

Birth-
place

Frostburg

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frank Smith

Father's
Birthplace

Hoffman Md

Mother's
Maiden Name

Theresa Schupfer

Mother's
Birthplace

W. Va

Name of person giving
Information

Frank Smith

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Cardiac disease, pseudoleukemia, anaemia, few weeks

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. Griffith

Address

Frostburg Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H

Jacob Haps
Catholic

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Cairo* County *Frederick* Died at *Cairo* *any any* **MARYLAND**
Date of death 19*00* Month *3* Day *9* Age *91* Years Months Days
Sex *Female* Color or Race *white* Birth-place *U.S.*
Occupation *Retired* Where Residing if not at place of death *Carlos*
Married, Single or Widowed *Widow* Name of Wife or Husband *Mrs. Spigal*
Father's Name *Anthony Arnold* Father's Birthplace *Unknown*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *cerebral apoplexy* How long *12 hours*
Immediate *"* How long *12 hours*
Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Thomas J. Deane*
Address *Frostburg, Md.*
Accident or Suicide *_____*

PHYSICIAN
OR CORONER

Frostburg Furn & Wood Co
Catholic Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Margaret Stapleton
Town County
Died at near Cumberland Alleg.

MARYLAND

Date of death 1900 Mar 1 Age 86 Months Days

Sex Female Color or Race White Birth-place Ireland

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband John Stapleton

Father's Name Don't Know Father's Birthplace D.H.

Mother's Maiden Name Don't Know Mother's Birthplace D.H.

Name of person giving Information J. J. Stapleton How related to deceased Son.

CAUSES OF DEATH

Primary Pneumonia How long 5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

James Gooding
Thomas Vale Smith
John City

Will
Pat at home

6 mile on Vally Road
Hills on on to Pat

D

Name
in
Full

Deborah Ann Smaringen
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at *Brasato-*

acugay.

Date

of death 19*80*

Month

Mar

Day

22

Age

Years

82.

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Allegay Co.

Occupation

Home keeper

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Dr Charles Smaringen

Father's
Birthplace

Herk Co Md

Mother's
Maiden Name

Sarah Scott

Mother's
Birthplace

Alleg Co Md

Name of person giving
Information

Stanly Brasato-

How related
to deceased

none.

CAUSES OF DEATH

Primary

Acute bronchitis

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

Accident or Suicide

Pml.

89

a few days

How long

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1 7'3 1/2

9a. ave.

Name
in
Full

CERTIFICATE OF DEATH

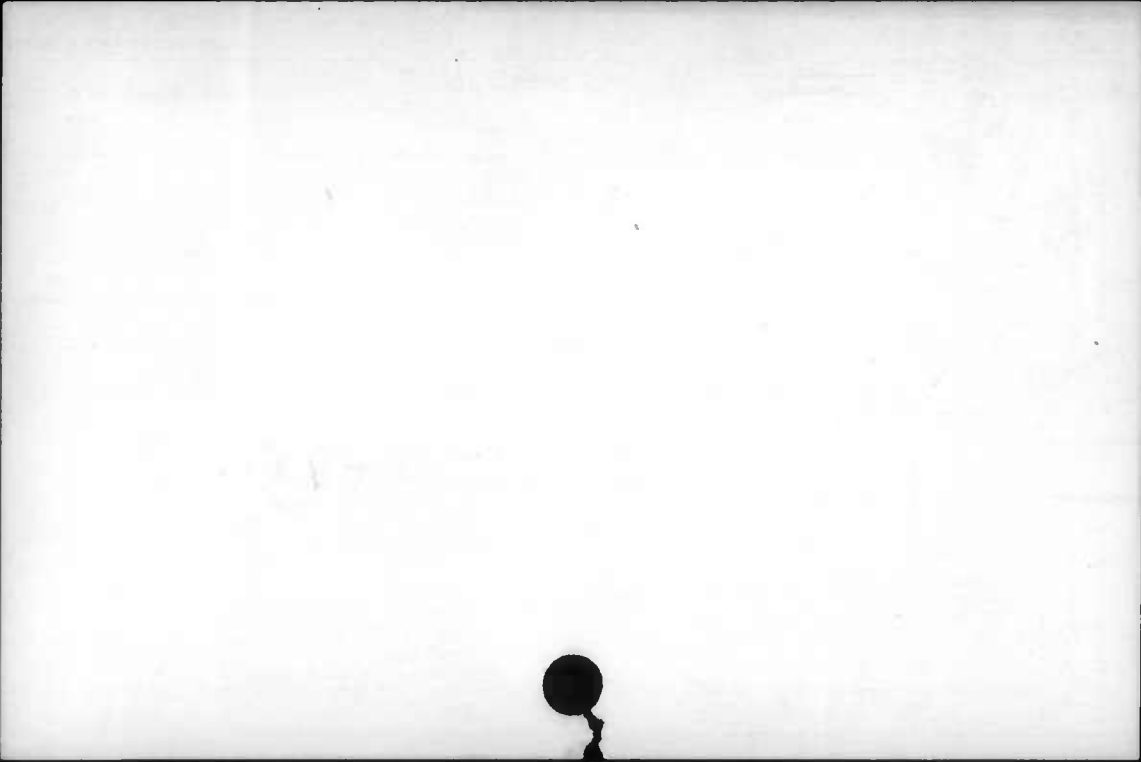
TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs Elizabeth O Thomas* Town *Lonsdale* County *Allegheny*
 Died at *Lonsdale* *Allegheny* **MARYLAND**
 Date of death 19*10* Month *March* Day *27* Age *75* Years Months *—* Days *—*
 Sex *Female* Color or Race *White* Birth-place *Scotland*
 Occupation *none* Where Residing if not at place of death *—*
 Married, Single or Widowed *Widowed* Name of ~~Wife~~ Husband *Joseph Thomas (deceased)*
 Father's Name *William Craig* Father's Birthplace *Scotland*
 Mother's Maiden Name *Joseph Anderson* Mother's Birthplace *"*
 Name of person giving Information *Mrs Harry Atkinson* How related to deceased *Niece*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senile debility* How long *Some years*
 Immediate *Pneumonia (acute)* How long *Five days*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. A. Skilling M.D.*
 Address *Lonsdale*
 Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Robert F Twigg

Town

County

MARYLAND

Died at S. Cumberland

Annapolis

Date

Month

Day

Years

Months

Days

of death

1910

March

28

Age

68

3

16

Sex

male

Color or
Race

White

Birth-
place

Md

Occupation

Stone Mason

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Christina Twigg

Father's
Name

Loris Twigg

Father's
Birthplace

Md

Mother's
Maiden Name

Emily Furlow

Mother's
Birthplace

Va

Name of person giving
Information

Emma Twigg

How related
to deceased

daughter

CAUSES OF DEATH

27

Primary

Preliminary Tuberculosis

How long

14 Mos.

Immediate

H. L. L. L. L. L.

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. Blaghoon

Address

Cumberland

Md

Accident or Suicide

PHYSICIAN
OR CORONER

H

Wife

mother
to her Juss -

Wife

Emma Juss

Cora

Ester

David

Jacob

Silvin Miller

Calvin "

John H. "

Name
in
Full

Infant of Anna Washington

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cumda

alleg.

Date

of death

1940

Month

Mar

Day

24

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Cumda.

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Harry Cole

Father's
Birthplace

D.K.

Mother's
Maiden Name

Anna Washington

Mother's
Birthplace

Cumda

Name of person giving
Information

Mamie Washington

How related
to deceased

Aunt.

CAUSES OF DEATH

Primary

Premature birth

How long

7 mos

Immediate

Exhaustion

How long

6 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Surgeon Charles

Address

#104 N. Mechanic St.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>George H Wright</i>		Town <i>Luke</i>		County <i>Alleghany</i>		MARYLAND	
Died at <i>Luke</i>		Month <i>Feb</i>		Day <i>4</i>		Years <i>17</i>	
Date of death <i>1900</i>		Month <i>Feb</i>		Day <i>4</i>		Age <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sonacoring Md</i>			
Occupation <i>Employ Pulp Mill</i>		Where Residing if not at place of death <i>Luke Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John H. Wright</i>		Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Anna Bowman</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>John H. Obright</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

① ✓

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>about 3 mo,</i>
Immediate <i>Bright's Disease</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. J. Fazzabaker M.D.</i>
	Address <i>Westonport Md</i>
Accident or Suicide? <i>—</i>	

